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BODILY PAIN AND MENTAL PAIN

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As a general rule we do not feel impelled to observe and account for the most ordinary phenomena of every-day mental life, until some experience brings home to us that the clue to special processes which have always been a mystery to us lies in the thorough understanding of precisely those every-day phenomena. Amongst these we may assuredly reckon bodily and mental pain.

We might be disposed to imagine that bodily pain presented no psychological problem, since the anatomy and physiology of the nervous system teach us that the feeling of pain is a specific sensory feeling, associated with special nerve-endings, conducting paths and brain-centres, just like the sensations of sight, hearing, taste, touch, etc. On the other hand, the pharmacology of the nervous system teaches us that opiates, for example, deaden not only bodily, but also mental pain and feelings of unpleasure in general. This is not the place to enter into a discussion of various discoveries, in themselves extremely interesting: for instance, the fact that the dose of opium necessary for the alleviation of a specific degree of bodily pain is in numerical proportion to it. Or again, that the calming effect on the mind—the production of euphoria—is generally absent in people who, without being addicted to opium, take it for bodily pain of a non-neurotic nature, people, that is to say, who are able to abstain from the drug again at once. In by far the majority of cases in which opium is solely used for the relief of bodily pain, not neurotically conditioned, the dose need either not be increased at all or only gradually. Those cases, on the other hand, in which it is necessary to increase it rapidly remind

us of the precautionary measures adopted by persons suffering from phobias or obsessional neuroses : such measures have to be constantly multiplied, with the result that the subject's personal freedom becomes more and more restricted. There are very remarkable relations involved here, but at the moment I can make only a passing allusion to them.

We must turn our attention in another direction. Psycho-analytic experience teaches us that bodily pain can be transformed unconsciously into mental pain, and *vice versâ*. This shows at once that the purely anatomical-physiological conception of bodily pain is incomplete and therefore unreliable and that for the understanding of this phenomenon we must go to another field of research.

My intention in this paper is to give an account of certain processes which seem to me significant. I shall raise various problems and suggest various possible solutions, although in so doing I shall only have taken a single step, even if an important one, in the direction of solving the whole question. Above all, I want to arouse your interest in the problems of bodily and mental pain.

Pleasure and pain, gladness and suffering, enjoyment and distress are bound up with dynamic processes, with the increase and decrease in energy-potentials, and they therefore belong to the domain of metapsychology. In Freud's *Beyond the Pleasure Principle* we read, for example, as follows :—

' Probably the specific discomfort of bodily pain is the result of some local breaking-through of the barrier against stimuli. From this point in the periphery there stream to the central psychic apparatus continual excitations such as would otherwise come only from within. What are we to expect as the reaction of the psychic life to this invasion ? From all sides the " charging energy " is called on in order to create all round the breach correspondingly high " charges " of energy. An immense " counter-charge " is set up, in favour of which all the other psychic systems are impoverished, so that a wide-spread paralysis or diminution of other psychic activity follows. We endeavour to learn from examples such as these to base our metapsychological conjectures on such prototypes. Thus from this behaviour we draw the conclusion that even a highly charged system is able to receive new energy streaming in, to convert it into a " quiescent charge ", thus to " bind " it psychically '.[1]

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[1] P. 34.

Federn's well-known findings on the subject of ego-feeling yield an important addition to Freud's conception of the barrier against stimuli. For it is upon this, according to him, that narcissistic libido is concentrated, an ego-boundary being thus formed. The question then arises: what part is played by this ego-boundary, with its libidinal cathexis, when bodily pain is produced? Such pain, whether it be localized, affecting a clearly defined area, or more generally diffused, presupposes the existence of a bodily ego-feeling relating to the part affected, for, as Federn [2] showed, the cathexis of ego-feeling is subject to continual variations.

In order to answer the question formulated in the last paragraph we must inquire further. If the ego-feeling be partially or wholly absent, as for instance in dreams, what is the mental reaction to states of bodily stimulation such as give rise, when the bodily ego-feeling is normal, to sensations of pain? In the ordinary dream we 'have no sense of our bodily selves, we are not aware of our body with its various parts, we are without any feeling of the body or its ego-boundaries, such as is normal in waking life. But also we have no sense of the bodily ego being lacking, such as we should experience when awake if the ego-cathexis were so infinitesimal'.[3]

What first drew my attention to the problem of mental and bodily pain was a dream recounted to me by a woman some years ago. It was as follows:—

'She was turning the pages of a book and noticed that they were sticky and stained. She was greatly mortified to observe that the marks were bloodstains. She was surprised at this and could not think how such stains came to be on the book. She felt more and more vexed and finally awoke with sensations of pain.'

In reality, the pain she felt was caused by contractions of the uterus, for, during sleep, menstruation had set in, some days after it was due.

Let us briefly consider the content of the dream. The dreamer would have been surprised if she had found herself pregnant, because she had always taken contraceptive precautions. The thought: 'I should be surprised if I missed my period' was expressed by its opposite: 'I am surprised at the appearance of blood'. We know,

[2] Federn: 'Some Variations in Ego-Feeling', this JOURNAL, Vol. VII, 1926.

[3] Federn: 'Das Ichgefühl im Traume', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVIII, 1932.

further, that to be ' soiled ' or ' stained ', as well as to be ' infected ', signifies to be ' made pregnant '. Therefore this element in the dream also means: ' I should be surprised if I were pregnant '. That expresses the same thing in another form, but the thoughts come from a superficial stratum. In a deeper stratum there is obviously the wish that she were pregnant, a wish which finds expression also in the retarded menstruation: when it began, the dreamer was unconsciously mortified that pregnancy had not occurred. Further, to turn over the pages of a book is known to be a symbol of onanism, and we are aware from very many analyses that the menstrual bleeding is often conceived of as an evil consequence of the practice of onanism, a sign that the genital has been injured or has become diseased. Thus, in this dream, the onanistic tendency and the tendency to self-punishment are both gratified.

Thus, if we examine this case more closely, we see that the psychological situation is somewhat complicated: the painful contractions of the uterus may perhaps be a hysterical conversion symptom. It is a fact that such contractions often express the subject's mortification at her sterility or at her sex. Thus the mental distress experienced in the dream would be an affect which has not undergone any distortion and which is secondarily converted into uterine pain. So that the dream-element: ' she was surprised to see the blood ' would not simply represent a reversal of the true meaning, for the dreamer *really* is surprised at the blood, i.e. she does not wish to bleed. Resistance to bleeding from the uterus might well be the reason for uterine spasms and colic.

However this may be, the bodily pain does not appear as such in the dream: mental distress takes its place. But we will not pursue the psychic content of the dream further; let us turn our attention rather to the metapsychological problem, that is to say, to the fact that the organic stimulus which called to life the latent complexes and produced the dream, or else was itself produced by those complexes, gave rise in the dream to mental instead of bodily pain.

This transformation of bodily pain, whether primary or secondary, into mental pain must somehow be connected with the fact that, in consequence of the withdrawal of the libidinal cathexis from the bodily ego-boundary, the bodily ego-feeling is abolished in dreams and only the psychical ego-feeling is left [4]; hence only mental pain

[4] The psychic ego in sleep, however, takes on characteristic modi-

can be felt. Further, we conclude that, in all bodily pain, the ego-boundary is broken through and that this rupture may be the decisive factor in the occurrence of such pain. In any case, what happens to the ego-boundary represents an important concomitant of bodily pain or reaction to pain, and must be investigated.

The question now arises : how is it that in some dreams bodily pain makes itself felt as such ? In such cases has the bodily ego-feeling been reawakened or has it been preserved all the time ? We then go on to ask whether possibly bodily pain may be psychically elaborated in dreams in yet other ways, besides transformation into mental distress. Freud has shown that in dreams disagreeable physical sensations may serve to represent painful mental processes. By analysing a large number of concrete cases, however, we shall discover how it is that a bodily pain may be retained as such in a dream, although it is not being economically utilized in this manner. And we must certainly bear in mind the fact that it is possible for definitely localized bodily pains to be merely *dreamt*, i.e. they need not necessarily correspond to any state of bodily stimulation and they may cease when the subject awakes, exactly like the rest of the dream of which they are an element. We shall revert to this point later.

Let us begin by turning to the second question. It is true that, in dreams, bodily pain may be elaborated in other ways than by transformation into mental distress. But the unpleasant character of the feeling is always retained. Incidentally, I may say that other unpleasant bodily sensations besides pain may be transformed into unpleasant mental feelings in dreams. For instance, a patient suffering from severe bronchitis dreamt that he had to rack his brains to solve a mathematical problem. It tormented him so greatly that he woke up, and he then found that he was in reality tormented with dyspnœa, because he had assumed an uncomfortable position. To give another example, a student dreamt that she had to prepare for an examination and was finding it very hard work. However much she tried, she could retain nothing of what she studied. The situation was so unbearable

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fications as compared with that ego in waking life ; the subject's body and movements in dreams are merely hallucinated : possibly the dream-body may assume attitudes which are impossible in real life. For, in the manifest content, in place of the sense of the *real* bodily self there is the sense of a body which is hallucinatory. The distinction between real and non-real is meaningless when we are considering psychic phenomena purely as such.

that she awoke—with a violent gastro-intestinal disturbance which caused vomiting and diarrhœa. What she could not *retain* was in reality the contents of the stomach and intestines, not the results of her studies.[5] It is well known that, similarly, the most various bodily sensations of an unpleasant nature, e.g. fullness of the stomach, congestion, etc., became transformed into mental feelings with an unpleasant tone. Silberer, as we know, has analysed many such cases of somatic phenomena. His writings on the subject are most valuable.

A frequent way of elaborating bodily pain in dreams is the projection of it on to someone else. A patient suffering from acute melancholia, who used to have severe headaches, had the following dream : ' Her brother and a friend of his were being punished by having slices of lemon placed on their heads. This caused them frightful pain, and the dreamer experienced great mental distress.' On waking up, she found that she herself had a violent headache. Unfortunately, in this case of severe psychosis, it was impossible to carry out a regular analysis and I could not induce the patient to give her associations to the dream. Thus we are compelled by *force majeure* to give up the attempt to interpret it, for it is bound up with the dreamer's mental disorder. We must content ourselves with studying the metapsychological problem of the elaboration of the somatic stimulus. Although in the dream the pain of the subject's own body was assigned to someone else, yet in that other person it was correctly localized. The painful feeling-tone, however, attached itself to a psychic situation in the dreamer. It is possible, indeed probable, that in the dream the bodily ego-feeling persisted in relation to the head ; at all events the body-scheme functioned correctly, so that whilst the bodily cathexis of the pain itself was utilized in the painful affect of the dreamer, the character of the pain was represented in the content of the dream, i.e. by the slices of lemon placed on the men's heads. Possibly, however, it was merely the state of bodily stimulation (usually giving rise to pain) that in the dream effected the libidinal cathexis of the particular bodily part concerned and so established a restricted bodily ego-feeling. Freud speaks of the strong narcissistic cathexis of the site of any pain. It is true that such a concentration could occur only in a very limited degree : otherwise the sleeper would

[5] Every psycho-analyst is familiar with the unconscious connection between ' possessing oneself of a thing intellectually ' and taking it in and digesting it (by oral incorporation). Again, the phrase ' He has not digested what he has learnt ' is a very common one.

awake. There are many other points which arise; for instance, whether we must suppose that, when bodily pain enters into a dream, the dreamer is sleeping more soundly or less soundly than usual, and so forth.

In some cases bodily pain is not only projected on to some other person in a dream, but is displaced on to a different part of that person's body. The following dream illustrates this process clearly :—

' A patient who suffered from migraine dreamt that a man he knew, an army captain, was talking to his (the patient's) father, who was (in reality as well as in the dream) a senior officer. As the captain stood at attention, talking of military matters, his trousers opened and there came out a long penis, almost a metre in length, shaped like a medieval sabre with an upward curve. His Excellency pretended not to notice it and continued to listen to the report which the captain was making. Suddenly the dreamer observed that the projecting penis had turned into an immense bag hanging down from the region of the groin : it was, in fact, a bad hernia, which was causing the captain great pain. His Excellency noticed it but averted his gaze to the window, so as to be able to go on hearing the report without having to call the regimental doctor. The captain suffered agonies and whispered to the other people present to fetch medical help at once, or he would die. But His Excellency looked annoyed as soon as he observed the other's inattention, so that, in spite of his terrible pain and the huge hernia, which grew larger and larger, the captain had to feign an interest in the orders being given by his superior officer '. The dreamer felt very uncomfortable and greatly at a loss, for he wanted somehow to help the captain. His psychic situation became so painful that he awoke and found that he had a severe attack of migraine, accompanied by a sensation of numbness and paræsthesia at the back of his scalp, which had ' gone to sleep '. For a long time he kept thinking of this dream, which had stirred up his complicated father-complex. He had been intimidated by his father to an unusual extent.

There is one consideration here which we ought not to overlook. Must we not, it may be asked, first of all analyse the dream, before we turn our attention to the transformation of the bodily pain, its projection on to another person, or its displacement to a different part of the body ? Certainly the analysis of the dream may reveal something of the meaning of the displacement, projection, or whatever it may be, but it leaves the metapsychological problem untouched. In the case before us it is most tempting to regard the patient's attack of migraine

as an hysterical conversion symptom, the significance of whose content would become plain if the dream were analysed. We should once more find confirmation of the fact that conversion-pains are the bodily expression of mental (neurotic) conflicts with their accompanying affects of pleasure and pain. But the mechanism which brings about such conversion presents problems which have not yet been explained in terms of metapsychology, and it is to this explanation that we must now turn.

The manner in which the subject's own person is replaced in dreams by that of someone else or even by an inanimate object was made plain to me in the analysis of a patient who had the faculty of keeping check of his feelings for an unusually long time when he was going to sleep. What he told me confirmed Federn's statement that pathological projection takes place through the retreat of the ego-boundary. This patient had often been able to note that, when one is falling asleep, the bodily ego-feeling may diminish without the disappearance of physical sensations. There is, so to speak, a phase in which bodily sensation persists without bodily ego-feeling. And he was also able to observe how, as he was falling asleep, in the hypnagogic state, bodily sensations which were not felt as belonging to the ego were placed outside it, thus producing the effect of projection outside the subject's own person. The process might be described somewhat as follows : the subject has the sensation, for example, that his body is in a particular position or that there is pressure at some point, but the ego-feeling retreats from these sensations and so they are not referred to the ego, i.e. they are felt as ' non-ego ', as something separate from the ego. These bodily attitudes, sensations of pressure and even pains then appear in dreams as something objective and undergo all the other kinds of distortion which are familiar to us from the analysis of dreams. A pain projected on to a dream-object may appear as correctly localized in this object ; it *may* be so, but it need not be the case. Whether it depends on the degree of soundness of the dreamer's sleep we are not in a position to say. Is it possible that the bodily ego-feeling has the function of binding the manifold bodily sensations, i.e. of preserving their correct localization ? Here again, questions suggest themselves which will have to be considered in the future.

It follows from what has been said that bodily pain is referred to the ego only when stimuli strike upon a libidinally cathected ego-boundary and make a breach in this, after having previously broken through the bodily barrier against stimuli (Freud). The breach

through the latter is evidently not sufficient in itself to produce specific bodily pain. When, in dreams or similar states, the bodily barrier against stimuli ceases to coincide with the ego-boundary, because this has receded and has not been re-established in its former position, bodily states of stimulation produce feelings of *mental* pain. Once, when I was sewing up a wound on the forehead of a patient who suffered from an acute form of schizophrenia and whose mind was completely dissociated, I was able to make an observation which I think is important. He allowed everything to be done to him without any sort of resistance and gave no sign of bodily pain. Instead, all the time he was in my hands, he uttered confused and incoherent lamentations which showed that he was experiencing mental pain. He kept on murmuring: 'Poor me! what troubles I have, how wretched I am, I can't bear these worries!' and so on. Naturally we have no means of knowing whether he really did not feel the bodily pain, but, if this was so, I think it can easily be explained. We know that in grave cases of schizophrenia primary narcissism re-establishes itself, the ego-boundary fades away, and so mental dissociation and autism ensue. But the bodily ego-feeling also is disturbed, so much so that it is sometimes almost destroyed, a process similar to that which takes place in dreams. The stimuli transmitted by physical injuries to the central mental apparatus would no longer cross the libidinal boundary of the bodily ego, and this would be the reason why, in severe schizophrenia, the physical stimuli which normally produce bodily pain produce, instead, mental pain.

We must now, however, turn our attention to some other significant experiences. It sometimes happens that we dream of bodily pain which *is* referred to the ego. Pain of this sort may correspond to actual bodily pain, which is persisting as such in the dream, or it may be *merely* dreamt, i.e. (as far as we can remember on waking up) it does not correspond to any actual state of somatic stimulation. What we must conclude from the first case is simply that in such dreams the bodily ego-boundary has been partly restored to its condition in waking life[6] and that therefore we must not assume that the conditions for the occurrence of bodily pain which is localized and referred to the subject's own ego are invariably absent. But, if we go on to consider the second case, i.e. that of pain which is merely dreamt, it may perhaps throw some light on the determining factor in the first. Here we have the inverse of the process of conversion previously described: the mental

[6] Federn: 'Das Ichgefühl im Traume'.

is transformed into the bodily. The conversion-pains of hysterics remind us that psychogenic pain, i.e. pain which does not emanate from a state of somatic stimulation, is the expression, by way of definitely determined connections, of a particular unresolved psychic conflict. It should be noted that such pain usually has reference to an erotogenic zone, as though the unconscious conflict caused an organic sensation of pleasure to turn into pain.

A certain patient dreamt that one of his front teeth began to grow very long, causing him the most acute pain. The tooth went on growing and growing till it was half a metre long. The dreamer then noticed to his terror that a substance like marrow was coming out of it, and he tried to press back both the marrow and the tooth with his finger and finally succeeded in restoring things to their normal state. (The dream continued.) In his associations to the dream there came back to his mind various attempts made to scare him in sexual matters when he was a child. His father's threats and attempts to frighten him against sexual activities went on till after puberty. He was always embarrassed when he had an erection, for he feared that other people might notice it. When he first experienced pollutions at night, he imagined that the discharge of semen was extremely harmful and he wanted to get rid of all traces of it, even always endeavouring to suppress ejaculation.

Here we have the converse of our first type of case, i.e. we have the transformation of a psychic factor into bodily pain, while at the same time there is a symbolic displacement from below upwards. What we should like to know is which specific factor in the conflict determines the onset of bodily pain. From the metapsychological standpoint we must no doubt suppose that a stimulus has made a breach in an inner rampart, just as, in the case of ordinary bodily pain, a breach is made in the libidinally cathected, outer barrier against stimuli. It seems then that the psychic ego separates itself from what is repressed by means of a new kind of barrier against stimuli, consisting of anti-cathexes. The relations here are highly complicated and are as yet by no means clear to us. It seems that in some cases there is established, together with the psychic ego-boundary, a bodily ego-feeling. If the internal barrier against stimuli cannot resist the onslaught of the repressed energy, and the ego scents a danger-situation, it reacts with anxiety; the psychic apparatus reacts locally (whether with or without this general reaction) and establishes the ego-boundary. This, in its turn, suffers a similar breach and bodily pain is experienced

within the ego, just as when a breach is made in the external, bodily barrier against stimuli. Whether in a given case it be anxiety or pain that is set up evidently depends on specific conditions which will have to be separately investigated.

In a correspondence which I had with Dr. Federn on this subject he pointed out to me that both in affective and volitional processes bodily ego-feeling is present. In this way, too, bodily pain might arise in the place of mental pain, and here would be another proof of the possibility of hysterical conversion, whether of pain or other symptoms. These would be the result of strong anti-cathexes and the irruption of repressed material: as a consequence of such powerful opposed stimulation the barrier against stimuli would be painfully broken down.

It sometimes happens that the one mode of reaction changes over into the other, which may give rise to the impression that neurotic anxiety has been transformed into conversion-pain. A patient suffering from severe anxiety-hysteria used often to have the following dream during a certain phase of her treatment: ' Her breast or genital was being violently pinched or pressed by a man, and this caused the most intolerable pain in the part concerned '. When she awoke, the pain vanished with the dream. Once she dreamt that ' a man lifted her up in the air and pressed his finger into her genital so hard that she could not bear the pain '. In another dream ' she met a man and was so completely overwhelmed with sexual desire that she threw herself impatiently into his arms. She tore open her blouse and offered him her breast. He pinched her left breast so violently that the pain woke her '. But it vanished as soon as she awoke. In this second dream her sexual desire appears in its true form, but in the first it is expressed symbolically by the idea of ' being lifted up in the air '. We see that the discharge of the sexual stimulation was cut off by the sudden mustering of anti-cathexes; the wall of defence which they presented was broken through by the stimulation which could no longer be held at bay, and thus sexual pleasure was converted into pain. We should have to study a number of other cases before we should be justified in generalizing from the characteristic factor in this case, namely, the absence of any liberation of anxiety. It is true that, on another occasion, this patient dreamt that ' I ordered her to have sexual intercourse with a man, and that she was very much frightened. I then got ready a big hypodermic syringe and this accentuated her dread of my interference still more '. In this dream there was no pain.

It is understandable that hysterical conversion-pains should generally occur in erotogenic zones of the body. But, as I have remarked, we cannot yet say whether anxiety and pain are mutually exclusive.

We conjecture, then, that the characteristic sensation of normal bodily pain occurs as the psychic reaction to a breach of the somatic, libidinally cathected barrier against stimuli, while that of neurotic bodily pain or dreamt pain arises when a breach is made in the wall of anti-cathexes which is set up as a defence against what is repressed. The somatic barrier against stimuli, if the libidinal cathexis is sufficient, separates the ego in its bodily aspect from the outside world ; similarly the inner wall, built up out of anti-cathexes, separates the ego from the alien unconscious. It appears then that pain in general ensues from a breach in the ego-boundary, whether it be the external, somatic, libidinally cathected barrier against stimuli or the inner wall of defence against the unconscious. In the one case the breach is made by quantities of stimulation from the outside world, while, in the other, the *inner* wall is broken through by stimuli derived from instinctual sources.

We must now ask : what are the conditions upon which the occurrence of *mental* pain depends ? Experience teaches us that such pain arises when an injury—a break, so to speak, in continuity—occurs *within* the ego, that is, within its boundaries for the time being. For instance, when the subject loses a love-object, quantities of libido *within* the ego are torn away from the ideas of the real object, and there ensues mental pain which sets going the process of grief. This reaction (*Trauerarbeit*, the work of mourning) is comparable to the cicatrization or healing of a wound. Love-objects become, as we know, libidinally bound to the ego, as if they were parts of it. If they are torn away from it, the ego reacts as though it had sustained mutilation. The open wound thus produced in it is just what comes to expression as mental pain. We are reminded here of the equation, so frequently stressed, between the subject's love-objects and parts of his own body, an equation which Abraham above all has made plain in his interesting observations on the subject.[7] In poetry and popular phraseology, indeed, we very often come across such expressions as ' The *apple of my eye* . . . ' or ' The *heart of my heart* has been torn from me '—to describe the painful loss of a love-object.

But it may happen that in dreams and similar states, such as

[7] Karl Abraham : ' A Short Study of the Development of the Libido ', *Selected Papers*, London, 1927.

amentia, the ego-boundary recedes from mental contents which are normally conscious. The result may be that stimulation from an open wound which, in the waking state, lies within the ego now encounters a wall of defence, freshly constructed to keep it off, and thereupon makes a breach in it. In this way stimulation which produces mental pain when the subject is awake gives rise to bodily pain in his dreams. A patient dreamt that 'he had violent toothache and went to the dentist to have the tooth out'. On waking up, he found that he actually had toothache and went to the dentist for the extraction. Some days passed, and the pain had long since left him, when one night he again dreamt that he had violent toothache in the same place. The pain was so bad that he awoke, only to find that he had not the slightest toothache; he was, however, suffering acutely from the thought that he had been deserted by his mistress, to whom he was greatly attached. She had left him some weeks previously and he had gone through mental torment on this account. The thought of this trouble was shut out of the dream, and the irruption into the dream-ego of the quantities of stimulation associated with the thought resulted in bodily pain. When he awoke, his defence against the painful thoughts was withdrawn, so that the open mental wound was once more located *within the ego*, and his mental apparatus reacted to it with *mental pain*. It was probably owing to this mechanism that in the first dream the patient was able to feel as such the pain of the tooth which was actually diseased: he was able to feel it just because it expressed simultaneously the mental pain he was suffering from the loss of his love-object. A bodily pain, once experienced, opens the way for the substitution of a mental pain by a bodily pain.

There are various other problems which this line of thought suggests. It would, for instance, be interesting to investigate genetically the difference between mental pain [*Seelenschmerz*] and mental suffering [*Seelenleid*]. There is, actually, a difference between the two. Perhaps, as Federn conjectured in a discussion on the subject, the former is associated with object-cathexes and the latter with narcissistic cathexes. In any case we are dealing here with complicated processes and in investigating them we should also have to take the death instinct into consideration.

As I have said, the purpose of the present tentative paper is merely to draw attention to this field of research. A large amount of material will have to be examined before we can arrive at a more profound understanding of the psychology of bodily and mental pain.

FOLIE A DEUX [1]

BY

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The term *folie à deux* has been used in connection with several psychotic situations involving two persons. Generally, it is applied to the so-called induction (contagion, infection) of a second person by a primary mentally sick person living in close proximity. The inductor suffers from paranoid ideas, excitements or depressions which are transmitted to the second person. Those who are induced, that is, are infected by the primary person, are usually blood relations (siblings, or parents and their children); less frequently the second member of a married couple. This circumstance is interpreted by Bleuler [2] to 'throw light on the familial disposition to the disease'.

From psycho-analytic investigation a different explanation of the tendency of *folie à deux* to develop in blood relatives is tenable. Among blood relatives the possibility for early and intense identification of children with parents and with each other is possible and an inevitable habitual psychological process. This especially affects ideal formation and self-appraisal. It is likely that in *folie à deux* the process of identification plays a rôle far greater than that of mere proximity or constitutional predisposition, a vague concept emphasized by some observers.

It is a matter of frequent observation that when the induced person is removed from the inductor the symptoms in the former disappear. Exception to this result has been noted, which again led Bleuler to comment that the second person sometimes suffers from an independent disease in which only certain manifestations, such as the content of the delusions, are determined through induction. I believe this to be the case far more frequently than it is possible to demonstrate in advanced *folie à deux*. In the case of neurosis a deux which I present, the pre-existent individual neuroses could be thoroughly established; the mutual symptomatology developed only after marriage.

Mention is made in the description of cases of *folie à deux* by Brill [3]

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[1] Read before the New York Neurological Society, February 7, 1933.

[2] Bleuler, E.: *Lehrbuch der Psychiatrie*, Third Edition, 1920, p. 401. (Julius Springer, Berlin.)

[3] Brill, A. A.: 'Empathic Index', *New York Medical Record*, January 24, 1920.

and also by Hartmann and Stengel [4] of the possibility of the common symptomatology being based upon identification of the persons involved. Flournoy,[5] also called attention to the fact that familial attachments which permit sentimental influences to have free sway may account for the phenomena of induced psychosis. The absence of these common sentimental attachments may account for the fact that patients in asylums are rarely infected with the ideas of other patients notwithstanding that they come in daily contact with each other over a period of years.

Psycho-analytic investigation of mental states has tended to efface classificatory psychiatry through demonstrating that similar dynamic forces are at work in many forms of psychic manifestations ranging from the slight deviations from the norm to profound psychotic disturbances. French psychiatrists have long employed the term ' folie ' to states both psychotic (*folie circulaire*), in the sense of manic-depressive psychosis, and neurotic (*folie du doute*), in the sense of obsessional neurosis. Notwithstanding that French psychiatry has remained extremely sceptical to psycho-analytic principles, in the use of the term ' *folie* ' it sensed the close approximation between psychosis and neurosis. Thus this neurosis a deux might well fall into the category of *folie* (*du doute*) *à deux*. In *folie à deux* as in many other psychiatric situations the analytic interpretation of the disorder still in a neurotic state may clarify the more obscure terminal psychotic conditions.

Freud's basic example of the mechanism of identification concerns related hysterical manifestations involving several boarding-school girls when one of their number goes through a crisis in a blighted love affair. Such a group situation, transient and evanescent in its character, bears a psychological resemblance to the more profound and continued disturbances grouped under *folie à deux*. In the latter we have the psychological interplay of a group of two. In nearly all of the more permanent and stubborn neurotic compulsions one finds that the condition is often nourished by a lesser neurotic tendency on the part of the individual principally involved in the patient's neurosis. At times the attitude of domination or indulgence of the patient by the complementary person may be so patent that the layman correctly interprets the patient's father, mother, etc., as the main cause for the

[4] Hartmann, H., and Stengel, E.: ' Zur Psychologie des Induzierten Irrseins ', *Archiv für Psychiatrie*, Vol. 95, p. 585, 1931.

[5] Flournoy, H.: *Schweizer Archiv für Neurologie*, 1927, p. 244.

continuity of the neurosis. As early as 1909 Filassier [6] commented that in *folie à deux* ' there is always an infector and infectee, but neither is conscious that the influence is being exerted '.

In pathological interlocking familial situations often the only reason why the one person comes for treatment and the other does not, rests in the circumstance that the sick person is consciously struggling to break the abnormal situation which he unconsciously desires, whereas the person who is considered well desires consciously to maintain it, without necessarily appreciating its pathological aspect. From the strictly technical interpretation of induced psychopathology, the inductor in neurotic familial situations is often the individual who considers himself and is often considered the normal person. This leads to the very frequent comment on the part of psychiatrists dealing with childhood psychiatric problems that the parents need to be treated rather than the child.

Many of the epidemics of dancing, religious ecstasies, psychopathic group formations, have as their basis a mechanism of identification. I do not propose here to enter into the nebulous theoretical question of the delicate differentiation between introjection and identification. In all identifications a libidinous force is operative. In hysterical infections the basis is some common, real or fantasied, demand or need of love which facilitates identification. For purposes of this presentation I would confine the concept of identification to the patterning (assimilation) of one's own ego after the image of another. This is throughout unconscious, but in practice develops for the most part as an indemnification for an actual libidinal relationship to an object which once existed but has been lost.[7]

The general thesis of this necessarily fragmentary report of the analyses of two individuals involved in the *folie* (neurosis) *à deux* is that in the origin of the symptoms both identified themselves with a lost object—namely, he with a former female identification (the mother), and she with the lost object of male identification (presumably the father). The identifications, therefore, complemented each other ; many of their symptoms were mutual.

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[6] Filassier : *Revue de Psychiatrie*, Vol. XIII, p. 466, August, 1909. Quoted by Gerty, F. J., and Hall, G. W. : ' Folie à Trois ', *Archives of Neurology and Psychiatry*, Vol. X, 1923, p. 436.

[7] Fenichel, Otto : *Hysterien und Zwangsneurosen*, Int. Psy. Verlag, p. 29, Wien, 1931.

Case Report

Mr. and Mrs. V. had been married for about eight years when they entered analysis. Both had been virtually prisoners in their home for about two years—she suffering from a sensation of whirling whenever she left home, he also from whirling and a fear of slipping, or of his automobile skidding whenever the pavement was damp. The symptom of whirling had originally appeared in Mr. V. two years before and had been so severe that for several months he was bed-ridden because of his inability to stand—clinically, astasia-abasia associated with vertigo. The symptom of whirling and inability to control his feet came as culmination of many psychic and physical tribulations which had beset Mr. V. since childhood. It alarmed and mystified him, as now for the first time a neurotic symptom incapacitated him completely. Among other symptoms from which Mrs. V. suffered was deathly nausea and fear of defæcation at formal dinner parties. She had not eaten in public but twice in the preceding year and a half. She was frigid. Mr. V. was impotent, indulged excessively in alcohol, compulsively neglected his clothing and personal appearance. Both were at times severely depressed. Together they practised an unusual sexual perversion—a compulsion which involved the plunging of Mrs. V. fully dressed into a bath tub of water.

Prior to her marriage Mrs. V. drank very little, but when she became depressed or morose her husband would urge her to take a few drinks to relieve the depression. Eventually she began to be addicted to liquor almost to the same extent as her husband. If he stopped drinking he would usually get a cold so that he felt he had to resume drinking to 'cure himself' of his cold. His wife always approved of this therapy. When he became depressed she would suggest relief through their mutual sexual perversion in order 'to cheer him up'.

From boyhood he had adopted the principle that if he could obtain anything without working for it he had achieved a distinct victory (over his mother). He therefore did no work, ate voraciously and took no exercise. His wife, instead of opposing these pernicious tendencies, urged him to continue them. They slept nearly all day but would spend the night in philosophizing and futile argumentation, usually about abstract subjects. They were apt to retire between two and three in the morning. Outside visitors to their household, other than a few close relatives who were more or less involved in the system,

were rare. Their economic position facilitated this degenerative mode of life.

Mrs. V., an alert, quick-witted, self-educated woman, came for treatment first, referred by an internist who had decided that the vertigo and nausea and headache (treated for some time as sinusitis) were of psychic origin. After a few hours she stated that her husband also wished to become a patient. Apparently, he could tolerate the idea of his wife's getting well no better than he could his own desire to stay sick. Her attitude toward his illness and efforts to be cured were equally vacillating and ambivalent. Both were under analysis for nearly two years. The analyses were conducted synchronously.

Mrs. V.'s father deserted her mother when the patient was an infant. The mother, a pious Catholic, thereupon moved to a small town in Texas where she went to live with a sister, and became a trained nurse. In this Protestant community Catholics were accorded little social recognition, so that before the age of five the patient began to feel inferior on grounds of religion, of poverty (extreme financial stress), and of social position (fatherless child). More important, however, is that the patient was raised with four boy cousins—all within three years older or younger than herself. An added vital feeling of inferiority developed on the basis of her sex in that she was female among a group of active, turbulent boys. Envy of the male began early in life and never ceased unconsciously.

In spite of the poverty of the patient's mother, no child could have demanded and received greater indulgence. Her selfishness (exaggerated need of love) may be regarded as a compensatory reaction to her feeling of inferiority. In spite of, or because of this reaction, her childhood was miserable with the general feeling of being an outcast on all of the grounds mentioned above. She early developed a shyness which she over-compensated. From childhood onward numerous symptomatic illnesses occurred. These were a fear of thunderstorms, inability to fall asleep for hours, tantrums, intense depressions, and an operation for appendicitis at the age of twelve in which the symptoms appear to have been malingered or hysterically determined. The incidents associated with the development of the appendicitis, especially its occurrence shortly after a circumcision in the small hospital where the patient resided at the time with her mother, furnished unusually strong evidence that the operation represented castration. The series of neurotic illnesses culminated in a cough diagnosed as tuberculosis and for which the patient was sent to Arizona at eighteen. She is

quite sure that a combination of malingering and hysteria deceived the physicians in regard to phthisis. Nevertheless, she allowed herself to be treated as an invalid for two years. She was just ' recovering ' from this illness when she met her husband.

Mr. V. was descended from a long line of Protestant ministers. The family moved West from New England early in the nineteenth century to one of the middle-sized, central New York cities where they occupied a socially prominent position. To the respected but impoverished clerical family, his mother, the daughter of a prosperous merchant, brought wealth as well as social position. His father, a man of considerable intelligence but lacking in energy, contented himself after marriage with the management of his wife's finances and a casual interest in civic affairs. Mr. V. had an only sister some eight years older who to him always appeared as a young lady. He was, therefore, raised practically as an only child by an old nurse who remained with him until he was twelve years old. Although intellectually precocious, he did not enter a regular school until that time. She would not allow him to play with other boys for fear he might get hurt. The other boys in turn began to avoid and isolate him.

The mother, who was socially in great demand, spent practically no time with the child. One function she arrogated to herself—namely, the bathing of the baby. Elaborate preparations preceded the actual bath, and when these were completed the mother entered the nursery with much ceremony to bathe him. She left immediately after the immersion, returning the child to the nurse. The patient has distinct recollections that at the age of three he noticed his penis while in the tub, and grasped it. He recalls that his mother slapped his hand at the time. Whenever he would splash in the tub his mother would also slap him. He resented the bath ceremony and even as a boy of five when his mother put him in the tub ' he felt like Christ crucified, being undressed with his clothes off, with the maids around '. He also appreciated that the attention to him indicated no love on the part of his mother but her self-glorification, for she practically adopted the rôle of the baptizer at each bath ceremony.

At the age of seven or eight the bath ceremony, which gradually had been relegated to the old nurse, was discontinued entirely. About this time he discovered that he could induce sexual excitement through the mechanical action of rubbing the calf of his left leg covered by his long wool underdrawers with the sole of his right foot. An unusual compulsion now obsessed him. He would begin exciting himself

sexually by rubbing his stocking with his sole. Then he would jump into a half-filled bath-tub in his stockinged-feet and finally in his clothes. Successive steps in the feminine identification (the pursuit of the lost phallic object) led him at the age of nine to replace his own stockings with his sister's or his mother's silk stockings which he wore during the ' splash-baths ', as he called them. Finally, he immersed himself attired in feminine garb. At times after a ' splash-bath ' in his sister's stockings he would take pleasure in keeping them on and still wet. Once he managed to prolong this for four days. Sometimes a marked feeling of revulsion and disgust would compel him to take them off sooner, thinking at the time that ' it is a crazy thing to do '.

An allied perversion was associated with the hands. At ten years he noticed how women struggled in putting on kid gloves—to him the gloves seemed to pinch the women. White kid gloves attracted him especially because they became easily soiled. At twelve years he surreptitiously wore his sister's white gloves which were too small for him. The harder they pinched his hands the better he liked it. He slept with the gloves on over-night and the next morning washed his hands with them on. He consciously attributed his predilection for white gloves to the fact that the gloves which hurt him were soiled in the process of putting them on. His pleasure increased if he suffered intensely through the stricture of the silk stockings or the gloves, and occasionally he tied his feet together to increase the discomfort. In summer time he would occasionally wrap his entire body in blankets to keep himself uncomfortable (feet, hands, body = penis ; tight, strangulation = castration).

The first orgasm actually occurred in the ' splash-bath ' and terrified him intensely. Up to that time the bathing had merely caused erections. Because of his fear of the orgasm after the erection in the warm bath he would turn the cold water on his organ which shrivelled almost instantly. He had no other orgasms until he attempted intercourse at nineteen. He was conscious of numerous erotic dreams from the age of eleven to nineteen, but always awakened before orgasm. At the time he experienced real jealousy of a boy who could have orgasm by phantasy without touching the penis. The first manual masturbation which ended in orgasm did not occur until the age of twenty-one. He masturbated about once a week until the time of his marriage at twenty-two.

The unconscious purpose of the ' splash-bath ' is self-punishment (castration). At the instigation of the super-ego which is patterned

after the maternal model he expiates his illicit pleasure. With his foot (hand) he had touched his leg (penis) and simultaneously indulged himself. In his later procedure the patient not only punished himself but the neglectful mother whom he envies and with whom he has very fully identified himself.

As is so often the case in identification, the individual who is thwarted in his resentment to a second person may identify himself with that person. In assuming the attire of the female members of the family the patient humiliated, through ducking, beginning with the process at his feet, not only himself but the pampered women of the household.

Unconsciously the feminine identification became firmly established through the patient's inability to resist the power of his mother and fixed through the relentless surveillance of his nurse who discouraged all normal boyish activity. In compensatory attempts to overcome the purposive tendency to make a female boy of him, the patient became extremely slovenly in his dress, refused to take baths, became refractory in his studies as a means of thwarting his ambitious and competent mother. He developed so odd a manner and appearance that he failed to be accepted in a fraternity which many of his forbears had joined at the small central New York college. Endowed with an unusually good mind—he read difficult books at the age of four—he gradually began to use all his faculties to avoid responsibility. In college his associates were a few anomalous individuals who like himself were drunk a large part of the time. He reacted against the formal elegance of his home by an ardent infatuation with the daughter of a milk wagon driver.

However, he had never been able to relinquish the bathing perversion with which he was struggling at the time that chance threw him into contact with the girl who subsequently became his wife. It was a case of love at first sight. At the time Mrs. V. had stage ambitions and although actually timid and shy, she dressed and conducted herself flashily. Apparently, his unconscious femininity, and her unconscious masculinity, communicated themselves subtly from the one to the other. She assumed the rôle of the aggressive female analogous in conduct to Mr. V.'s mother, and actually took him away from a more competent male travelling companion who was regulating his affairs. Psychically, he represented to the woman the phallic embodiment of masculinity—the phantasied father she had never seen.

Mrs. V.'s fear of defæcation in public rested on her conception of defæcation as the only possible masculine genital parity of male and female. During her childhood her aunt's formula for inquiring as to the daily movement of the bowels of her cousins was: 'Have you been a smart boy this morning?' She recalls a joke which occurred when she was about five years old. The minister asked a boy cousin about the same age as the patient: 'Sonny, are you a smart boy?', to which he replied proudly, 'No, but I had one this morning'. She early looked upon defæcation as the sexual excretory activity in which she achieved equality with her cousins. She experienced a strong desire to exhibit this parity (fæces equals penis) but it underwent immediate repression. In this particular she could be a smart boy, in one direction as powerful as a male.

The loss of the phallus impairs the feeling of ego integrity which subsequently is displaced into a feeling of diminished position in one's particular group. The anxiety associated with it is closely allied to castration anxiety, as is social anxiety in general.

Mrs. V.'s compensation for lack of phallic aggression became fixated in rectal activity. Her marriage bringing her into a socially prominent family reactivated her general sense of inferiority. She felt great sensitiveness in regard to humiliation by her husband's acquaintances. Her early experiences intensified her ambition for compensatory social prestige. However, she feared that she could not cope with these demands. The fear of defæcation (wish to defæcate) thus becomes the symbol of masculine aggression directed against those above her. It represents the unconscious desire to humiliate and subdue the formal dinner guests with whom she feels unable to cope.

In spite of the family opposition, mainly on religious grounds, Mr. and Mrs. V. married speedily. The ambivalence of their attitudes was indicated in a prenuptial understanding that the marriage could be ruptured at any time by mutual consent. The merging of their neurotic tendencies followed quickly because each found in the other the realization of unconscious homosexual tendencies. The homosexual, libidinal satisfaction was attained in complementary indulgence in the 'splash-bath', in which Mr. V. threw his wife, clothed preferably in a new dress, into a tub of water. This done, he would himself enter the tub to be masturbated (castrated) by his wife. This indulgence representing sexual gratifications at an infantile level (aggression against father and mother, respectively) proved as incompatible with

ideals of normal living as their individual vagaries had proven prior to marriage.

The wife became extremely jealous of what she called her husband's past. This consisted in some minor sexual escapades during his college career. Any mention of the city of Albany or Schenectady would arouse her to violent rage in which she would berate her husband for sexual experiences which had preceded the marriage. Fears immediately arose concerning the possibility that the husband might fall in love with someone else. Mrs. V. began to have violent quarrels with her own mother who lived with them from the time of marriage. Her husband became devoted to his mother-in-law. She would say to her husband all the detestable things which she felt for her own mother, but he did not remonstrate. She claimed that because of a fear of losing her husband she had submitted to his sexual idiosyncrasy.

Although the husband had been usually impotent in attempts with prostitutes prior to marriage, he had never dared to suggest to them that they indulge in the perverse ducking to which his wife readily acquiesced. In it she submitted to immersion as punishment for her masculinity (for the super-ego demands that each retain his or her anatomical destiny) and also because in the masturbation of her husband she found a possibility for revenge against the male.

Eventually the husband became converted to the religious faith of his wife. She about the same time practically abandoned it. In his great dilemma over his marital difficulty he applied to the genito-urinary surgeon for castration which would have ended his masculine strivings. Fortunately, the genito-urinary surgeon refused to perform the operation. Mrs. V. actually submitted to sterilization by X-ray, thereby forcibly ending her menstrual activity with its monthly reminder of her femininity. The whirling in the husband developed at a time when the conflict in the couple's relationship had become well-nigh intolerable.

Space does not permit the introduction of many significant psychological details which operated in the unusual merging of two personalities in pathological physical and mental manifestations. That each had been seriously ill up to the time of their marriage is evident. It might be argued that after their union each merely imitated the idiosyncrasies of the other or readily exchanged previous pathological symptoms for new ones. However, one symptom—namely, whirling, from which the husband first suffered so severely, cannot be consciously produced in any individual, and must have been

on an unconscious basis in Mr. V. and have been assumed by Mrs. V. through identification.

The case has been presented as a contribution to the question of blood relationship and independent psychopathology. The fact that each member was reared in widely different social settings and even racial antecedents emphasizes that the process of identification is more important in *folie à deux* than familial tendency. It is difficult to determine who in this case played the rôle of the inductor. The fact that the preponderant symptom of whirling appeared first in the husband would assign to him the inducing rôle. The psychology of the inductee has received little attention in studies of *à deux* or *trois* situations, but the receptivity of the inductee is as great a factor in the development of '*folie*' as the power of the inductor. We may say in this case that each acted as the inductor of the other.

From a practical angle this study would indicate that, in cases of complementary neurotic or psychotic involvement, the independent treatment of each individual is essential. In cases of psychotic *folie à deux*, removal of the persons from one another is desirable. In situations where each is amenable to treatment, certainly the most effective test of therapy is the disappearance of symptoms while the individuals are still in close contact with each other.

The patients above cited are living together and at the last report had retained the benefits gained through analysis—namely, cessation of whirling in the wife, alleviation of fear of slipping in the husband, relatively normal marital relationship—but above all, an insight into the psychic forces which produced their bizarre symptomatology.

MONA LISA AND FEMININE BEAUTY: A STUDY IN BISEXUALITY

BY

FRITZ WITTELS

NEW YORK

I

Leonardo da Vinci is the painter of androgyny (bisexuality). This androgynous tendency Leonardo concealed behind strictly compulsive-neurotic features, apparent in his mode of living as well as in his face, but invariably, the youths he painted were feminine types. Likewise, in *The Last Supper* the principal figure and at least two of the apostles are feminine in type. In his portraits of women his androgynous tendency is not so pervasive, yet the 'half-figure of a nude woman' (Musée Condé, Chantilly) presents an interesting phenomenon—a young man with feminine breasts. Mona Lisa sat for this painting, the same Mona Lisa whose infinitely more famous portrait depicts that enigmatic smile which has confounded four centuries.

Freud, in his study of Leonardo,[1] traces this smile back to the master's memory of his mother's smile, a memory which came back to him with overwhelming intensity after his fiftieth year. Freud does not state explicitly that this smile is masculine. Nevertheless, utilizing the meagre biographical material which we possess on Leonardo, and his own experiences in psycho-analytic and mythological fields, he shows with extraordinary sagacity that Leonardo—as with all children in their earliest years—regarded his mother as a masculine creature, i.e. possessing a phallus.[2] This conception which lay in the deeps of his unconscious never left him. Hence, we have reason to surmise that the smile which the world has dubbed "Leonardesque," is also related to the mother-phallus complex. It has been characterized as frivolous, tempting, devilish, cynical, threatening, criminal; but all observers are unanimous in agreeing that none of these characterizations, nor divers of them put together, can drain this unique achievement in fine arts.

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[1] Sigmund Freud: *Leonardo da Vinci—A Psychosexual Study of an Infantile Reminiscence.* Translated by A. A. Brill, 1932.

[2] *Ibidem.*

It is noteworthy that while it is not the custom to speak of androgynous painting as being Leonardesque, this smile should live through the ages as Leonardesque. Often an artistic expression, which in its original form arouses discontent, continues to live on undisputed in its repressed, no longer easily intelligible form. A striking example of this is the general conception of ' Platonic love '. Nor will many people admit that the music and symbolic poetry of Richard Wagner are androgynous. Only a few admirers of this genius of tonal painting are aware that Wagner's androgyny is the fountain-head out of which flows the tremendous force of his music.

In the summer of 1932 I stood for a long time in front of the portrait of Mona Lisa in the Louvre in Paris. I came with the expectation of unmasking in the painting a man-woman. But I was soon compelled to admit that this portrait is far less androgynous than many other paintings of Leonardo's. It displays the features of a clever woman, in the still semi-mediæval spirit of the Renaissance, not especially attractive and rather mediocre in sex-appeal—although I may be underestimating the extent of her sex-appeal inasmuch as at that time sex-appeal must have manifested itself very differently than it does to-day. All this, of course, can be said of the painting only by forcibly thinking the smile away. Many will say that this smile cannot be thought away, for Mona Lisa cannot be seen without her smile. But this does not necessarily follow, be it only for the fact that the smile—as is well known to connoisseurs—plays only on the left side of her face. Cover this half of the face and one has before him a large serious eye and a straight corner of the mouth. Thus we here present the first objectively verifiable split: the split into left and right. The relation between left-right and androgyny is well known in psycho-analysis.

In addition to this first polarity, the beholder of the portrait of Mona Lisa in the Louvre soon observes a second. The longer one gazes at the painting the more the smile seems to come out from the canvas until finally it is no longer a part of the portrait; it seems to hover between the painting and the beholder comparable to the vibrating of hot air over a cornfield in August. The smile seems to detach itself, emanating a half-physical, half-spiritual fragility. It becomes more and more intense, and the onlooker begins to feel that at any moment she will burst out into laughter. I wish to lay emphasis upon the phrase ' burst out ', i.e. detachment of the smile from the smiler. The split into left and right can be detected on the better

reproductions, but I doubt whether the elusive quality of the smile can be faithfully reproduced. On the other hand, I consider that my impression of the smile of Mona Lisa is completely objective. Each beholder, if he but stops long enough for the smile to exert its complete effect, must receive the same impression. The smile is not static; it flows out away from the woman.

I cannot discuss the smile as a problem in painting. Perhaps the splitting off of the smile is technically in painting identical with the division into left and right mentioned above. Of psychological interest to us is the fact that the features of a woman can wear a smile which is able to detach itself from the rest of the face: a serious, static ego plus an active element; an active element which challenges and conquers the world. Smiling is related to the person who smiles as libidinal investment (cathexis) of an external object is related to the narcissism of the investor. The smile is a social affair which enters into communication with the outer world. This object in the external world can, to be sure, be also one's own ego. One can, perchance, gaze into the mirror with satisfaction and smile at what he sees. Generally, however, the smile serves as a means of communication with the external object which began with the first smile of the suckling babe who as yet knows nothing about himself, and certainly nothing about his auto-reflection in the mirror.

As a rule, even a superficial analysis of women who are reputed to possess a Leonardesque smile, a possession of which these women are usually not a little proud, reveals that the masculine component is an active element in their personality structure. A sculptor once said of such a woman that as a model she was impossible, for when in marble or bronze the facial colouring is not apparent, the statue would look like that of a man. Another girl with a Leonardesque smile refused to have anything to do with men sexually, yearned for partheno-genetic children, and fought against her Lesbian impulses with paranoiac ideas of persecution. It is my contention that the nose, also, plays an important rôle in the Leonardesque smile—a nose, delicately formed, leading, so to speak, its own mysterious life, generally accompanies a smile of this type.

Smiling stands in a definite relation to beauty. Without her smile Mona Lisa could not be called beautiful. She is beautiful and immortal because she smiles—here smile and beauty are one. Photographers are well aware of this, and ask their patrons to smile in an attempt to produce beauty, at least temporarily, where there is none,

or at any rate, not very much. Poets say of a landscape that it smiles, meaning thereby a pleasant beauty which they anthropomorphize. At the climax of sexual gratification, when all men in their own way become transcendent, they also become beautiful—not taking into account those pathological types who become murderously ugly in their transcendence. The expression of this orgastic beauty is generally in the form of a smile. The suffering countenance, the reaction of some women, is rather exceptional. We would be much further advanced in our knowledge of the smiling woman if we could state with psycho-analytical preciseness what feminine beauty really is.

It is a matter, then, of analysing women of unusual beauty. We know that pathological beauty exists as well as pathological ugliness. Emile Zola, in his series of twenty novels, *Les Rougon-Maquarts*, has portrayed the history of a degenerate family. In this history appear drunkards, criminals, hysterics, obsessional people of all types, amongst them Nana, the poisonous beauty who corrupts and destroys everything noble and dignified in the land. Thus Zola recognized that beauty under certain circumstances may be a phenomenon of degeneracy. What in those days was called degeneracy should to-day, in the age of psycho-analysis, be comprehended more precisely and more profoundly. But there can be no doubt concerning the accuracy of Zola's observations. I became acquainted with a family in which a number of children had to undergo treatment because of neurotic disturbances. A brother suffered from obsessional ideas, another was a schizophrenic, a third showed pathological obesity, and one of the sisters at the age of puberty ' burst out ' into glorious beauty, flamboyant with sex appeal, large sensual eyes, vivid colouring, tall slender body. The intrinsic quality of this kind of beauty is that it is outside of the frame of the family in which it is embedded and out of which it bursts. The fable of the ugly duckling does not so much signify that of a creature more beautiful than all others, a swan who is not recognized as such ; it is that of a creature who suddenly becomes beautiful and different than all others. Something happens to the creature which determines her destiny, often enough destroys her and her environment. Through her beauty she is wrested from all that which society has set up to preserve our cultural life.

It should not be difficult to insert pathological beauty into the group of diseases to which it belongs. If beauty is a symptom, then it is a conversion symptom and belongs to hysteria. The repressed desire : I want to please, I want to attract a man, to be satisfied by

him, and all the conflicts between the ego and the id which arise out of the desire, have been converted into organ language written upon the surface of the body. We know that castration plays a rôle here, that there is a struggle for the possession of the penis manifested in a thousand hysterical symptoms. The symptoms make it possible to dispense with the penis in that they allegorize it, or ' taut-egorize ' it, to borrow a term from the philosopher Schelling (*tauton*—the same). At the same time, the symptoms reveal the repressed desire.

This reflection suggests the idea that there is a certain type of feminine beauty which is of masculine origin. But we shall postpone enlarging upon this idea because we do not wish to introduce a third psychological enigma, i.e. the enigma of masculine and feminine in addition to the mystery of the smile which we have coupled with the mystery of beauty. We must first examine an adequate amount of psycho-analytic material. On the basis of a general knowledge of human nature, it can always be said that effeminate, artistic men are irresistibly attracted to this kind of beauty (beauté du diable). Such women frequently develop sadistic tendencies, and like true hysterics, remain totally unaware of what they are doing to their lovers. They develop traits which have been characterized, at least until recently, as unwomanly, heartless, shameless, aggressive, cynical, faithless. All of these and similar qualities are a form of narcissism peculiar to a type of woman I have called the ' child-woman '. It has also been said—I believe I was among the first who expressed it—that the regression to sadism is caused by the fact that such women are surrounded by masochistic men who kneel before them in abject worship. They cannot, in truth, love so many ! What is left for them but to torture, to tantalize, and derive pleasure out of so doing. All this is correct. But I feel that one should not lose sight of the fact that a discord exists between the tremendous effect resultant from their beauty, and the desperate emptiness which often lies behind it. Their beauty sits upon them as a foreign substance. Hence they are all promise and no fulfilment. The lover is irresistibly drawn to her, but dies of thirst like the wanderer in the desert who pursues the mirage. The popular compound word, sex-appeal, might be separated into its two parts : the appeal is loud, but the sexual potency is lacking.

I hasten to add that beautiful women do exist who fulfil the promise of their beauty. Bisexual components, indeed, reside in all of us, and are found in harmonious union in the postulated normal person.

But harmonious beauty never possesses the overwhelming power of disintegrated beauty. This sounds strange, but it is not difficult to comprehend. Similarly, in certain chemical combinations, poisons lose their virulence: chlornatrium, potassium of ferrocyanid. In the splitting off the poison makes its appearance.

* * *

2

Peggy D., a strikingly beautiful girl, twenty-seven years old, came to consult me. She had secured her divorce three years previously after two years of marriage, and returned to her parents with whom she now lives. Her parents are both ' nervous '. The mother suffers from hysterical heart attacks, the father, a moderately successful business man, from paroxysms of rage. He is somewhat in love with his attractive daughter, and now that his older daughter is married and has a number of children, is well pleased, although unconscious of it, that his younger daughter has come home again. His love for her is displayed in violent reproaches to Peggy because she does not re-marry, sending her again and again into bitter tears. He then takes her upon his lap and fondles her. He calls her a pet-name which in the popular idiom signifies the female genital. She has a father-fixation which began in early childhood. Her jealousy of her mother was vented on her older sister.

Peggy is infantile in physique, sexual organs under-developed, menstruation irregular and scanty. Vasomotor disturbances are apparent. Hands usually cold, complexion vivid and changeable. She comes for treatment on account of a depression, which was always present but to a lesser extent, gradually increasing in degree after her divorce. She feels depersonalized, almost constantly in a ' fog ', as she puts it. She is never certain as to whether she really exists, whether—and this she means literally—her feet quite touch the ground, and in fact feels that she is no longer sure of anything. At such times she is compelled to reassure herself, saying out loud: ' To-day is Friday, it is summer and the sun is shining. I really exist and my name is Peggy. Yes, my name really is Peggy '. Occasionally she has panic doubts as to whether her feet and hands really belong to her (fear of castration).

We shall soon see that at the basis of this doubt lies a split into masculine and feminine. She does not know whether she is really a being that can be called by a feminine name. This (androgynous) schism tears every other unity asunder. In the mist real and unreal

meet. Perhaps in androgyny we may discover an important point for the explanation of depersonalization. Psycho-analysis has already pointed out the rôle played by the castration-complex in depersonalization.

Peggy was always predisposed to be dreamy. She recalls that as a child she always remained behind at the breakfast table when the others had left it. She remained sitting there in a dream-like state, and her father, annoyed, would annoy her by saying scornfully, as he left the table: 'Dream on, my beauty'. At that time she considered herself anything but beautiful, hence believed that her father was reproaching her because she was ugly in contrast to her sister who was beautiful. Peggy was dark, her sister fair, and her father used to call her his 'darkie'. She regarded her sister as the paragon of all feminine beauty and perfection, and her father's favourite. In school, and also later as a married woman and mother, the beautiful and clever sister excelled. This pairing off in the nursery, forces which I have called centrifugal and fratifugal, is well known: the older sister a model of everything womanly, the younger sister consequently forced into a masculine direction. Here feminine stands for lovely, masculine for unlovely.

Ugly, in this sense, has also a moral construction. In the memory of the patient this moral ugliness comes to light as disguised jealousy. She was around twelve years old, when one day she burst out into tears, saying through her sobs: 'I must die and my lovely sister Daisy will have to attend my funeral!' As she recalls it, she did not weep because she visualized herself lying in a coffin, but because such an attractive and noble creature as Daisy would be compelled to experience the sorrow of a funeral. Unconscious wishes for death can hardly be more obviously expressed.

Her father used to call her a witch, hence she became one, and in a certain sense has remained a witch to this day—('subsequent obedience'). As a child she was filled with superstitious, magical thoughts. Once she caught a red-haired cat (sister was reddish-blond), tore out four or five hairs and buried them with solemn incantations. During the analysis, the following occurred: she had been invited to attend a performance and after it was over her escort suggested that they go to a party where they would get champagne. On leaving the theatre, a small ragged newspaper-boy offered her an evening paper. She bent down over the hungry child and said to him: 'We do not need your newspapers, we are going to a party where we shall get

champagne ! ' Hardly had she said this when she realized the extreme cruelty of what she had done and burst into tears. She was good and bad at the same time, a gentle well-bred girl, and a witch. In this respect also she was binary.

There were always creatures in her fantasy life with whom she conversed. One of these was represented by the thumb of her left hand, which she called Jimmy. She held him up in front of her eyes, told him of her sorrows and trials, and was consoled by him. ' Jimmy ' would tell her things for which she would praise him. He was her best friend, her confidant. She kept this fantasy secret all through her childhood and had not yet discarded it when she came for analysis. Here the androgynous character of her dual personality based upon castration becomes clearer. This aspect of her personality is of striking interest inasmuch as all her friends—and these gradually increased in number—called her Jimmy, never Peggy. Her real name had sunk almost into oblivion. The boys called her Jimmy and Jimmy she remained. When she was about twenty years old, Jimmy began to enjoy social triumphs. No evening slipped by without a grand event of some sort. She was a queen of night-clubs, won beauty contests, and gradually became famous wherever gaiety ruled the day. Her father indulged her in this way of life, showering her with clothes, furs, jewellery, and all other accessories so indispensable to society queens. He was inordinately proud of his celebrated daughter, and rationalized his indulgence by his belief that Peggy, who had now become Jimmy, would undoubtedly marry one of the millionaires with whom she was flitting about.

Withal her beauty was of a cold and indifferent nature. The young men were proud to be seen with such a well-known beauty, but they soon cooled off. They did not get into a passion over her. Not only did she keep her virginity, but she was never in danger of losing it. A far-off look, a general attitude of disinterestedness, bored after a time even her most persistent admirers. She does not know exactly when her beauty ' broke out '. It might have been some years after her puberty. One thing was certain : only Jimmy was beautiful. There was no question at all as to whether Peggy was beautiful. In point of fact, despite her undeniable success, she could never be convinced of her own beauty—only Daisy, who in the interim had gradually grown more and more domesticated, was beautiful. The enigma, ' what had become of Peggy ', disturbed her frequently. The problem of duplication appeared thus to her :

Jimmy is beautiful and pleases. But Jimmy does not really exist. She really ought to be Peggy. If she could only be Peggy again! But then she would again be a cinderella, and that would not do at all.

She was still beautiful when some years later she came to me—the years of her nightly conquests at that time long past. She was in a deep depression, saw or heard little of anything that went on around her, but she never neglected her appearance. She was always attired in the latest fashion and with meticulous taste. Thus, she offered singular contrast to the usual type of depression cases who are, as a rule, indifferent to their appearance. She would enter my office with a charming smile and say: 'I feel terrible to-day!' When I would then ask, 'Do you know that you are saying that with a smile?' she would reply: 'I know it', wherewith she would weep and suddenly smile again because she had wept. As is said of children, she laughed and cried in one breath. Her beauty was her life, or whatever there was left of her life: *it smiled*. The depression with its destructive ideas was death. At this point I could enlarge upon manic-depressive states and their conjectural androgyny, but it is not feasible for me to enter into too many different problems at this time. Once, she begged, 'Won't you, at least, call me Peggy? I can no longer go on as Jimmy, anyway'. But when I did so she became restless, rolling back and forth upon the couch, making it obvious that she could not bear it. The problem thus consisted in uniting two separated parts which did not fit together.

The story of her life ran as follows: As her brilliant days grew into years, and the millionaire suitor did not appear, she married an effeminate type of man, who shortly thereafter lost his moderate fortune. She had always felt rather ashamed of her husband. He did not deflorate her; she attended to that herself with her fingers a short time before the wedding. It could, perhaps, be said that Jimmy deflorated Peggy. The relation of Jimmy with her father (Jimmy = father) was clearly brought out in analysis. For a long time she was frigid, but toward the close of the second year she began to react with orgasms. The explanation for this is not a happy one. At first she refused to yield herself to her husband (Brunhilda-complex). Later, when he appeared to be almost ridiculously feminine, thus to bear no resemblance whatever to her father, when she had definitely decided to leave him, she allowed herself to respond sexually. Her real sexual life before marriage and after her divorce consisted of moderate masturbation and a considerable amount of pregenital

(anal) practices. She spent a great part of the day in the bathroom.

After her divorce she returned, as I have already stated, to her parents. The father-fixation made the return home desirable and the life at home a masochistic inferno. She tormented her father with her never-ending depressive moods. The mother protected herself against her daughter by going into states of hysteria. In the course of time there came a man whom Peggy for a time hoped she could marry, for which hope the man was indebted to a real or fancied similarity in type to her father: he was capable, dependable, self-confident. But for the same reason, he too was destroyed by Peggy's Œdipus complex. 'All right', shouted her father, 'I shall support you for the rest of your life, I suppose'. At about this time all of her former friends abandoned her; she had become too listless. She went out very little, rarely without her parents; she was like a good, gentle child, but an unhappy one, and she became more and more unhappy as the dreaded 'thirty' approached nearer and nearer.

The problem of the treatment, i.e. to bring Peggy and Jimmy into harmony with one another, also indicated the coalescence of reality and fantasy, ugliness and beauty, bad and good, death and life, witch and human—as explained above. Peggy, the feminine part was suppressed, always defeated by the older sister (mother-imago). She was unable to support the beauty of Jimmy, nor could the two parts fuse with each other. The 'synthetic power of the ego' (Nunnberg) was inadequate for this. After an analysis which, with interruptions, continued for three years, my patient was able to accept her real name, Peggy. Her beauty had changed its character. In a certain sense she became less beautiful, but she was more interesting and attractive.

This case, in my opinion, seems to bear out my theory that feminine beauty, or at least split-off (pathological) beauty of so riotous a type, is nourished by the masculine component of the woman.

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Flora is thirty-four years old, black hair, blue eyes, *petite*. She is very attractive. Her husband, a well-to-do manufacturer married her because of her doll-like charm fifteen years ago. He says that socially she is useful to him, and besides, she has borne him three children. 'If to-day I had the choice, however', said he, 'I would not marry her. She is too egotistical, thinks only of herself and her

beauty. Moreover, for the past few years she has tortured me with her imaginary ailments'. My patient is beset with anxiety fears, paramount of which is her fear of cancer. She thinks about it incessantly. Her husband, a brutal, domineering man, cannot forgive his wife because he is unable to conquer her. Flora's narcissistic armour remains impenetrable. To this man, at least, she cannot yield.

Flora was the youngest child and the only girl among seven children. Her brothers surrounded her with adoration and jealous attention, and made occasional sexual advances to her which stimulated her prematurely. Her penis-envy became overwhelming, but her husband was not the man to assuage it. Her parents were puritanical. Her superstitious mother instilled in her an almost panic fear of the dangers of sex. Her father was the paragon of the orthodox patriarch. He never whipped his children, but held over them the fear of God.

At the age of thirteen Flora secured a penis in the form of a candle, with which she masturbated for years, until shortly before her marriage. She masturbated regularly with the fantasy that a venerable, elderly man was beating her. When she married she was afraid that her husband would question her about the loss of her virginity, but he did not, and she gradually gave up this fear as groundless. She was frigid but this did not alarm her; she believed her husband who told her that she was just like a child, she had no sexual needs. In short intervals, this 'child' gave birth to three children. Flora was so narcissistic that it was obvious to all of her acquaintances. Her whole day was filled with dressing and making up her face. If an evening party lasted too long, even if she herself was the hostess, she went to bed because she had to have so many hours of sleep in order to preserve her beauty. Often she would leave the theatre before the end of the performance for the same reason. She lived only for her beauty, her mirror and the photographer who took her in hundreds of poses—in bathing suit, evening dress, sports clothes, riding habit, all booted and spurred. She would often think of the pleasure she had obtained from masturbation during her girlhood: when compared with her present sex-life the other was far more satisfactory, but she did not return to it.

Her husband had a sister who was his exact counterpart. She was an expert horsewoman and athlete, and her brother's ideal of womanhood. They called her Pete. Flora's ailment dated from her fall off a horse when she first began to take riding lessons in an attempt to be like Pete. Flora never liked Pete, but admitted to being

fascinated by her. After her fall she suffered for months from pains in her back. After the first diagnosis, ' concussion of the spinal cord ', no organic cause could be found for the pain. She was finally sent to a gynæcologist, who found a slight, almost imperceptible depression of the uterus, which was made responsible for her consistent pain. Flora felt as though there were something in her vagina—it was not exactly a pain ; it was more an organ-consciousness. Her physician prescribed a pessary which she was still wearing even three years after the accident when she first came to me because of her anxiety states. Her gynæcologist assured me that there was no longer any need for the pessary, but my patient refused to give it up ; she was afraid to go without it.

Analysis brought to the fore long-pent-up hatred for her husband. Her greatest fear was that of cancer—her father and uncle had died of a cancerous growth. Further, there was an endless series of castration-dreams. Growths came out of all parts of her body, out of her face, her neck, her breasts. Elongated, tube-like objects grew out of the fireplace—growths connected with her cancer-phobia. Occasionally she would think : my husband is my cancer ! or Dr. W. (the analyst) is my cancer !

Lesbian wishes were manifest in her dreams from the beginning. But their content was comprehensible only to her analyst and no therapeutic use could be made of them, not even later, when she dreamed that she slept with women. After such dreams, she would ask in great terror : ' Doctor, am I Lesbian ? That would be terrible, it would be an unbearable disgrace '. When asked whether women stimulated her sexually, she indignantly denied that women held any physical attraction for her. But men held no sexual attraction for her, neither her own husband nor any other man. The few women she knew were bored to death by her long, wearying telephone conversations always about herself and her monotonous phobias. One night she dreamed that one of these women stole into her room with a revolver, and when the dreamer asked fearfully : ' Do you want to shoot me ? ' the friend answered : ' No, here is the revolver, you will shoot yourself with it '. For an act of friendship scarcely worth mentioning, Flora showered this woman with flowers and thanked her in a copious flood of tears.

She patronized places frequented by well-known Lesbians to convince herself that they made no impression upon her. Her narcissistic defence protected her completely, except for fears whose

homosexual origins could be clearly established. She claimed that her husband had an hypnotic influence over her. She developed a paranoiac jealousy towards him which was out of all reason, inasmuch as she actually disliked his sexual advances. When confronted with this inconsistency, she rationalized her jealousy by resolving to take a lover the hour she would learn that her husband was unfaithful, her motto being : equal rights for both.

Withal there was no man who suited her, and she, herself, being attractive only at first glance, soon bored the men she attracted. Finally, after a long period of self-torture, she condescended to an affair with her husband's chauffeur. Therein was a kind of obedience to her husband who never refrained from sarcastically assuring her that she could permanently fascinate no man, save a glutton, a Don Juan, or one who looked for material advantage of some sort. Something like this occurred. She became very sentimental, reached an orgasm for the first time since her marriage, and thus hated her husband less inasmuch as she proved to herself that she could feel as a true woman feels. Further, she took her revenge in that she deceived her husband, thus escaping his ' hypnotic ' influence. The affair did not last long. She arranged the rendezvous with symptomatic indiscretion at places entirely unsuitable, places at which she was in danger of being seen by her husband. For a time she was tortured by an almost irresistible impulse to confess, to tell the whole thing to her husband. Her triumph : I am a woman, can feel like a woman ! was sobered down by the inferior station of her lover. The certain prospect of being thrown out by her husband turned the scales. The affair was finally terminated by the chauffeur, who told her that he could no longer deceive his employer ; he was afraid of the law and the loss of his position. It may be that he also perceived that there was something not quite normal in her behaviour. She tortured him with a thousand questions, arranging her awkward rendezvous, many times in her own home, shortly before her husband would return from the office. The nature of this affair, and of a similar one shortly thereafter, may be plainly enough recognized as a defence against the homosexual tendency. It could be called flight into heterosexuality, and in point of fact was long ago so described by Freud (erotomania). The other defence, in a regressive direction, consisted in narcissism, which constituted her very nature. Her beauty, the gift of this narcissism, was almost purposeless if to attract is considered to be the purpose of beauty. But if the assertion of the mirror : you are a beautiful

woman! is considered to be the purpose of beauty, then it is clear enough that the mirror allays the anxious question—Am I feminine enough? by its reply: Don't trouble your pretty head about that. Don't you see that they must admire you for your very feminine beauty?

The therapeutic result was good. The anxiety states disappeared, the phallic character of the cancer-phobia was recognized as such, and the patient finally found her way out of the Lesbian tendency. She sublimated it in modest expressions of friendship. The residue was satisfied by her husband, who was instructed and accordingly changed his behaviour to some extent. This woman was not Lesbian in the real sense, since her masculine component was sublimated by her extreme narcissism.

Many manifestly homosexual women are strikingly beautiful and child-like. In Flora's case beauty is a successful defence against her Lesbian tendency. In the case of conscious homosexual beauties the defence has failed. It was probably the first attempt of a defence, which was renounced, but retained, comparable to the retention of a beautiful portal in a palace which was later turned to other uses which did not require such an ostentatious portal.

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A third case should obviate the need to define what beauty really is. The æsthetic problem does not come within the purview of the psychologist. There is the famous yet so inadequate definition: beauty is what pleases—to be set against: beauty (in our sense) is what desires to please. Hence, it matters not whether a woman is 'really' beautiful or whether she only imagines it. We are now living in an age which promises beauty to innumerable women less happily endowed by nature, if they but wish it: gymnastics, fashions, beauty industries with paint and pencil are at work to consummate this desire. Much time, energy, money, are expended thereupon. Thus such women become more or less convinced that they really possess this beauty which they have won at such great cost, and which they must daily care for to maintain. It will not be occasion for surprise should this kind of 'psychological' beauty manifest an even greater inclination to split off from its carrier. After all, it is put on from without, hence it will not easily find its way into the personality which is separated from the beauty by the skin.

Bella comes from circles where they eat too much; from poor

people who chase every dollar they earn down their stomachs. In the years of puberty Bella was obese. She was very aggressive and exhibited this tendency orally, i.e. in the form of a biting wit and a preference for bold, brazen speech. She married, when young, a labourer of her own station in life, who, a year later, perfected an invention which made him financially secure for life. He was a man of action who had little time for women. He was indifferent as to his wife's appearance. All he wanted was to lead a quiet domestic life, and it would never have occurred to him to marry an ambitious beauty. At that time he was unaware of his wife's aggressive tendencies, or if he were aware, he paid no attention to them. His interests lay elsewhere.

As soon as they became wealthy, Bella decided to become beautiful. The first thing she did was to put herself under a severe (aggressive) regimen for reducing. She starved herself, took thyroid gland extracts, and in a very short time lost 60 lb. She worked on herself until she became a too-slender blond ' beauty '. Her aggressiveness against the outer world did not diminish—it changed its form. She now spoke in an extremely affected manner, and her slangy wit disappeared. She had become a distinguished beauty and conqueror. To Bella's great sorrow, however, her altered appearance made no impression whatsoever upon her husband; but, despite the fact that her beauty was merely the artificial product of beauty specialists, she encountered amazing success with other men. Thus she was able to overcompensate for her own doubts by an unshakable belief in her own irresistibleness. Her husband, whom she surrounded outwardly with a vociferous love, she inwardly began to hate. He was like a rock of indifference against which her onslaughts wrecked themselves. She punished him by bearing him no children, for whom he constantly yearned. She said that she herself fervently wanted children, but—and here began her anxiety states—her inhibitions were insuperable. Bella found other ways of revenging herself upon her husband. He was accustomed to rise quite early in the morning to go to business. She saw to it that there were guests and parties every night, parties which lasted until the small hours of the morning, so that her husband, over-fatigued, went into a decline.

She also began a number of love affairs which meant little to either herself or her husband. He simply was not jealous. Finally she became acquainted with a young man who fell desperately in love with her, and agreed that she was the most wonderful creature under

the sun. He was afflicted with what I call the 'Lilith Neurosis'.[3] She tortured him in the most refined fashion, which but served to increase his passion for her. During this time, when she entertained the idea of leaving her husband, and did not do so chiefly because she felt that that was what her husband was waiting for, a severe anxiety-hysteria broke out because of which she came to me for analysis. I shall not recount the details of the analysis. Suffice it to say that castration (penis-envy) played the leading rôle.

Here we have another example of beauty—artificial beauty. Aggression and penis-envy became metamorphosed into the will for beauty. The weak, feminine man she destroyed, while the strong man escaped unsmirched, wholly in the sense of Christian literature.

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Freud[4] states that the genitals have not shared in the development of beauty in man, and that they can never really be called beautiful. I have cast doubts upon the accuracy of this remark in an earlier publication. It is, indeed, an æsthetic judgment which cannot be disputed. If, however, feminine beauty—let us say in a restricted sense a certain kind of feminine beauty, and put off all generalization—is a phallic conversion-symbol, as would appear from my communications, then Freud is justified in his remark. Familiar to psychoanalysis as phallic equivalents are the following: the whole body, a part of the body, the fæcal column, a new-born child. Beauty, too, belongs in this series. Theoretically, that is, in a vacuum, if beauty is traced back to its phallic (genital) origin, it should be possible to analytically dissolve it. Women who become neurotic by dint of the poison of their own beauty cannot possibly preserve this beauty from a certain amount of decomposition if they are to be cured. But, in reality, beauty is an almost 'irreversible' symptom, because it is too valuable a good, and most women will undergo any pain rather than give it up.

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[3] 'Lilith-Neurosis', *Psychoanalytic Review*, Washington, 1932.

[4] *Psychoanalytische Bewegung*, 1930; *Freud and His Time*, 1931.

THE TREATMENT OF BEWITCHMENT IN A PURITAN COMMUNITY

BY

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This paper deals with the methods of treatment employed during the witchcraft epidemic which occurred in Salem, Massachusetts, in the year 1692. The bewitched persons were restricted in their choice of treatment, because, as members of the Puritan Church, they must participate neither in the sacrament of exorcism nor in magic rites; still they hit upon some conventional and other original methods of cure which served them very well.

These effective cures I have compared with the treatment which was available for the generality of bewitched persons in the seventeenth century; and from the comparison I have learned which psychological mechanisms operated not only in the rites that were forbidden the Salem patients, but also in those that cured them—indispensable mechanisms these. The cures which were successful at Salem can then be compared with others which were recommended to the Salem patients but were rejected by them. In this case it is possible to see which psychological mechanisms the sufferers avoided, and to speculate on the reasons for their neglect.

I begin by giving a brief account of the witchcraft epidemic, for some facts about it throw light on the character of the bewitched persons. A dozen puritan girls whose ages ranged from ten to twenty-six years began suddenly to behave strangely. Sometimes they were excited and violent, at others melancholy and suffering; at last, developing painful physical symptoms, they accused certain unpopular neighbours of afflicting them by witchcraft. As fast as these persons were cast into prison the girls accused others of continuing the affliction, and others, again, took their place as suspected persons. So the epidemic went on until nineteen villagers had been hanged, two had died in gaol, more than 500 had suffered privation and ruin through long imprisonment, and the whole countryside had been made desolate.

There is no reason to suppose that the patients first developed their neurosis because external events persuaded them to think they

were afflicted by the Devil. Not one of them suffered from bodily illness or wasting ; nor were the men and women whom they accused of being witches fearful to look at or specially eccentric. In fact the girls seem to have made their accusations broadcast and without due provocation. It is true that they charged more women than men of afflicting them, and that more women than men were hanged (in the proportion of three men to sixteen women) ; but the greatest excitement of all was that caused by the trial and death of a man, a retired minister, who was accused of being the Devil and the prime cause of the disastrous epidemic.

The accusations were made in a certain order. Of the three persons first charged, two were old women, poor and of bad reputation. The third was an Indian girl, who was no doubt confederate with the accusers, for later she too claimed to be bewitched, and it was the confession of her experiences with the Devil and at the Sabbath that, so to speak, got the epidemic going. The accused persons were thus prudently chosen : viz. one on whose testimony the accusers could rely, and two who had public opinion against them. The next accusations were more daring, for they were levelled at men and women of undoubted piety. It happened that members of their families had recently engaged in lawsuits with relatives of certain of the accusers.[1] The next and most notable accusation was against the retired minister. After this the afflicted children suffered more and made more indiscriminate charges until the gaols were crammed with suspected witches. All sorts of healthy people began to be afflicted then, accusing their neighbours and their household animals, members of their own family even, of bewitching them. One supposes that partly they did this in panic, and partly because if they got in their accusation first, they were the less likely to be themselves accused, arrested and hanged. The epidemic ended only when the afflicted children were hardy enough to accuse the governor's wife and the wife of a popular minister of practising witchcraft, for then the governor put an end to the judicial proceedings he had so hopefully instituted on behalf of the community. Evidently the girls followed a definite policy to begin with. But when they had once launched the persecution and were, in effect, guilty of murder, they made frantic accusations for which there was no rational explanation, and killed as if for fear of being killed. One could say that in this second phase of their neurosis

[1] C. W. Upham : *History of Witchcraft and Salem Village*, vol. ii p. 57, 1867.

their motive for making accusations began to be entirely subject to the control of unconscious phantasy.

Little is known about the bewitched girls except for the part they played in the witchcraft persecution. It is recorded, however, that one died young and in melancholy, another successfully brought up a large family, while a third was a woman with a scandalous tongue. They seem thus to have been very different in nature. Still, during the epidemic the group acted as a whole; that is to say, no single member habitually made a special type of accusation or sought a special kind of cure, nor was one symptom of bewitchment peculiar to any one of the afflicted.

I will immediately make a didactic statement about the nature of bewitchment so that we may pass more quickly to examine the cures for it. In all cases the symptoms of a bewitched person derive from reactions to a devil who is located inside the body, and this whether the patient is frankly possessed by the devil, or whether she appears to be attacked by an external evil spirit. When she acts in concert with the possessing spirit she is strong, and her mood may be happy as well as outrageous; when she defies him she is cruelly afflicted. This is only natural, for he must defend himself. To be effective, then, the cure for bewitchment should be calculated to expel the devil from the sick person's body, or to reconcile the combatants so that their interests may be identical, when they would have no motive for hostility.[2]

Generations of those who treated diseases caused by witchcraft took cognisance of this principle, and the cures they recommended can be grouped into (*a*) exorcistic ceremonies by which a devil was expelled from the patient's body; (*b*) ceremonies in which the patient made an active identification with a supernatural power, it might be with the very spirit who caused her illness, or with another and benign one; (*c*) there were finally certain rites of undoing, and others which repeated the act of bewitchment, but with intent to cure. With these I am not now concerned.

In the first group—the ceremonies of expulsion—there was one that the patient could herself perform. She could confess her sins,

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[2] Melitta Schmideberg reviews the psychological mechanisms operating in possession and its cure [more especially its cure by exorcism] in her paper 'Psychotic Mechanisms in Cultural Development', JOURNAL, vol. xi, 1930.

renounce the devil and let the words of renunciation bear the evil spirit out of her body. But seldom could she do this unaided. The will to confess had frequently to be stimulated by torture, and fortified by the use of amulets or the swallowing of holy wafers. That is to say, the patient alone could not eject the devil; it must be evicted and replaced by a power stronger than either. Replacement of an evil spirit by a yet stronger agent gave point to the administration of purges, diuretics and inhalations—and, in the matter of drugs, I would note that while some had delicious tastes and subtle odours, others were very bitter, and smelt as foul as anything the devil himself could make. One suspects, therefore, that the replacing substance need not be a pure one, so long as it was strong.

Among the replacement rituals were some which could be described as ceremonies of passive coitus. In these the evicting power entered the patient's body by the genital route instead of by ears, nose or mouth, or the sufferer induced it to operate by passively participating in symbolic repetitions of the sexual act. The most direct example of expulsion during a coitus ceremony is that quoted by Störfer in *Maria's Jungfräuliche Mutterschaft.* A young woman who had been raped by a Jew, or, according to another version, possessed of a devil, was absolved by her priest in the following way; he performed the sexual act with her, while reiterating the words 'Christ comes in, Jew goes out'. The ritual need not be as frank as this to be effective, In Northumberland, for instance, it used to be enough to lay the bewitched child on an anvil and strike her with the blacksmith's hammer, when the devil would certainly leave her,[3] while in Ancient Greece the blows that cured were inflicted by leeks and by the twigs of a fertile fig tree.[4]

It is possible, using psycho-analytic terms, to sum up the psychological situation in which the bewitched person found herself, and the means by which she sought release. The devil was her introjected object, and until hostilities opened between them she had no untoward symptoms. But given mutual hostility and the ensuing symptom formation, the introjected object had best be expelled and replaced by another more favourable to the patient. The introjection of a new object occurred in a sexual way, the patient being compliant and receptive; and after introjection she identified herself with her good

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[3] S. Seligman: *Der Böse Blick*, vol. i, p. 332, 1910.

[4] W. Mannhardt: *Myth. Forschungen*, p. 124, 1884.

object, until, with an inevitable renewal of hostilities, the cycle began again. There is no evidence that the object which cured the patient was associated with genital sexuality in contrast to the object which afflicted her. The latter was, indeed, most often a thing of pregenital phantasy, but either good or bad object could be introduced through any orifice of the body, and either of them might as well be black as white, and foul as sweet-smelling.

Now turning from ceremonies of replacement to cures in which the patient played an active part, we come to what I suppose was the key ceremony. The sick man was advised to go to bed with the witch.[5] And the advice was good ; for if he took her by storm and possessed her, he gave her no chance to master him and to infuse poison into his body. It was assumed here that if the patient could once rob the witch of male initiative, he would become invulnerable and she compliant.

It is quite obvious, however, that few men would undertake this cure, and no women could do so successfully. There remained for them many symbolic equivalents of active coitus, or, to speak more correctly, of phallic activity, which all bewitched persons could perform, although with varying degrees of anxiety. It was recommended among other things that they should urinate through bridles, keyholes and rings ; that, using the whole body instead of the genital, they should creep through holes in trees, walls and nets ; or quickly pop their possessed children in and out of the hopper of a mill. Always they must give proof of their potency. The patient was also instructed specifically to imitate the sorcerer who had instilled poison into her, and to transfer it from herself to a scapegoat, either by a touch or by feeding infected material to the animal.

Cures during activity were thus based on an immediate male identification with either a favourable or a malignant power. In neither case is there evidence that the patient must be sexually compliant before she was thus identified, and here lies the difference between cures during activity and rites of replacement.

Finally there were homeopathic cures in which the patient identified herself with the source of evil by assimilating a part of the persecutor's body, just as in replacement rites she had received part of a benign agent. Now, drinking the washings or excreta of witches, or wearing next her skin the hair of the dog that bit her, the sufferer assumed that the cruellest enemy would hesitate to attack anyone who shared

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[5] S. Seligman : *Der Böse Blick*, vol. i, p. 335.

his nature and whose pains he might feel. She felt safe if she ranged herself on his side. It is true, also, that in eating a part of her persecutor, or wearing a lock of her hair, she threatened him with wholesale destruction.

These, then, are the cures which the Salem girls had at their disposal :—

Cure by the simple expedient of confession ;

Cures in which the patient submitted passively while the devil was replaced by a benign spirit ; and

Cures in which she became invulnerable by actively associating herself with a supernatural power, usually with the devil, but sometimes with the Lord.

I may say that with two peculiar exceptions the Salem children ignored the cure by confession over the period of four months which comprised the witchcraft epidemic, and ignored it for the obvious reason that they did not often regard themselves as sinners who harboured a devil, but as martyrs whom he persecuted.

The first attempt the girls made to cure themselves was designed to pass their bewitchment on to an animal. With this intent they spent an afternoon baking a cake which they leavened with their urine, and planned to feed it to the minister's dog. But the minister was before them. He interrupted and forbade their cooking party, later upbraiding them within the meeting and without for dabbling in witchcraft practices. Thereby he closed what might have been for them a safety valve for sadistic instinct and phantasy. The dog was saved at the expense of the accused witches who had now to take his place.

So we pass on to the cure which was most commonly used during the epidemic—a ritual in which suspected women were led up to the afflicted girls as they lay screaming and kicking on the ground, and the fits ceased directly contact was established with the witch who had cast the spell. No other hand than hers eased them ; so that one gesture served to cure the patient and to discover the tormentor.

A vivid account of the ceremony is given by the husband of one of the accused women :

' The Indian before mentioned was also brought in to be one of her accusers. Being come in, he now fell down and tumbled about like a hog, but said nothing. The Justices asked the girls who afflicted the Indian. They answered, " She " (meaning my wife), " and now lay upon him ". The Justices ordered her to touch him in order to be his cure, but her head

must be turned another way, lest instead of curing, she should make him worse by her looking upon him. . . . But the Indian took hold on her hand and pulled her down on the floor in a barbarous manner: then his hand was taken off and her hand put on his, and the cure was quickly wrought.' [6]

Here is an extreme activity which the girls first projected on the Evil Eye that knocked the Indian down, and which was immediately afterwards exhibited by his hand retaliating on the witch. In essentials the same thing happened in the most decorously conducted of touch cures. As the result of a supposedly evil glance, the patient was strongly convulsed; and so she remained until she felt the witch's hand. In that moment a magic substance passed from patient to healer, the convulsive movements ceased and the afflicted child was left exhausted but relieved. As for the witch, in general she suffered no physical collapse (though some 'went into a fainting and a dying fit' during the test), but actually the fiercest possible attack had been made on her life, and it was chiefly because she had been incriminated by the touch ordeal that later she was hanged.

The results of the touch ritual force one to lay the onus of activity upon the patient, as also does a study of its symbolic content. In the first place, the witch who cast a spell was accustomed to touch or glance at her victim, when poison proceeded from her hand or eye respectively and entered the sufferer's body. Much was written about this virus at the time of the witchcraft epidemic: how the witch obtained it from the devil during licentious embraces, when he injected it through her teat; how it made her lighter than air, so that she could fly any distance on a broomstick, and buoyant in water, so that she would float if one tried to drown her; how it rendered her invisible and 'exalted the malignity of her spirits'; how by a glance she could inject the 'venomous particles' into an afflicted person, and by a touch could abstract them again, leaving the victim pure and whole.[7]

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[6] G. L. Burr: *Narratives of the Witchcraft Cases*, p. 351, 1914.

[7] European authorities on witchcraft write much in the same way: 'It is the venom that the Devil has infused into her (the witch's) hand and fingers which is so virulent that it can shatter a sword without injuring the scabbard, very much in the manner of lightening. . . . But the fact that specially astounds us is that the witch's hand can concoct, handle and apply the poison with impunity and without suffering injury, although it penetrates the fabric and folds of the victim's garments.'—Pierre de l'Ancre: *L'Incredulité et Mescreances des Sortilèges*, p. 130, 1622.

In the light of Jones' work on the symbolic significance of salt,[8] I think that there is no doubt that to the unconscious mind the witch's virus represented seminal fluid—or rather that it represented an infantile idea of semen expressed in terms of whatever excretions a baby can produce. In the act of bewitchment the fluid passed from the witch to her victim; it is significant that in the cure by touch no one ever doubted that it flowed in a contrary direction—from the child to the witch.

In other touch cures, too, disease was extracted from the sick person by the healer, who, therefore, had much to fear from his patient. From time to time, for instance, an exorcist would be possessed by the very devil he had evoked from the sick. And of the king who touched for king's evil it was said:

'So the devout king takes and draws out the matter with his holy hand, not shrinking to endure the fœtor of the weak woman until his healing hand has withdrawn all the noxious plague.' [9]

At this same moment of cure the king was supposed to emit from his hand a benign influence, and by it to replace the evil he withdrew from the patient.

The interaction of good and evil emanations is epitomized in the proper gospel for the healing service:

'In My name they shall cast out devils, they shall speak with tongues;' (The activity is the healers', in this case the Disciples'.)

'They shall take up serpents and if they drink any deadly thing, it shall not hurt them.' (The activity is the devils'.)

'They shall lay their hand on the sick and they shall recover.' (The magic, I think, flows in both directions.)

Now let us return to the cross-influence which was exhibited in the Salem touch cures. An active part was certainly allotted to the witch, when, making the touch gesture, this time with intent to cure, she redressed the evil she was supposed previously to have caused by her malevolent touch or by overlooking. Her finger transmitted a curative influence as surely as did the king's, and was as good a penis equivalent as his. And if the illness had been caused by the witch's virus entering the body of the victim by a malignant penetration, then cure was wrought by penetration fulfilled with good intent.

A second, an oral, conception of the activity of the witch occurs

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[8] Ernest Jones: *Essays in Applied Psycho-Analysis*, p. 112, 1923.

[9] Harleian MS. of 1139 (526 B.M. and Rolls Series). Quoted by R. Crawfurd: *King's Evil*, p. 19, 1911.

in connection with the touch cures, for everyone recognized that by a touch she extracted poison from the patient—that her finger, in fact, sucked something from the child's blood. The oral aspect of the cure is the more convincing when it is considered in relation to the main body of the afflicted children's phantasy ; for time and again the girls depicted coitus as a union for purposes of feeding in which the penis-equivalent reverted to an exigent suckling or biting habit. They said, for instance, that the devil sucked at the perineal teats of his concubines and bit the bodies of his victims, that snakes and yellow birds were suckled between the witches' fingers, whilst the temptation most usually urged on the afflicted girls was to join the devil at his accursed meal. The touch cure conveyed just another such phantasy—a sucking which was made favourable to the sufferers by a projected good intention.[10]

Whenever the witch was thus deemed active in the course of the cure, the patient must be a passive participant in it, merely suffering the suction to proceed and submitting to the undoing ceremony. It was thus that observers saw the afflicted children. But traces of the contrary, strongly-repressed phantasy have already been uncovered. The fact that the cure ended disastrously for the witch, that poisonous fluid passed into her from the patient, and that the latter's convulsive (sexual) movements ceased directly the timely discharge had taken place hint at a coincident symbolic imitation of coitus in which the child was extremely active. This phantastic congress passed unnoticed by the Salem observers on account of the more tolerable masochistic coitus ceremony that occurred at the same time. Still, it served to transfer the patient's disability to another person—a matter of some urgency for the girls, since their experiment with the dog had failed and there is no doubt that in this modified way, and to the best of their ability, they followed the counsel given to bewitched persons in general, that they should go to bed with the witch.

So far we have considered cures in which the patient was an active agent and those in which she had recourse to the witch's help. We have now to study any cures in which she submitted to ceremonies of replacement ; and surely, in a community as pious as Salem Village, replacement should have been effected not by the witch's help, but by the Grace of God.

It will be profitable here to describe the Catholic Sacrament of

[10] M. Schmideberg : ' Psychotic Mechanisms in Cultural Development ', JOURNAL, 1930, p. 401.

Exorcism so as to appreciate its symbolic content and also to note any divergence of the Salem cures by Grace from the accepted method. I quote from the description of the Sacrament given by Sprenger the Inquisitor [11]:

'The bewitched man should first have made a good confession.'

In the longer exorcism preceding baptism, confession was associated with a breathing out toward the west and a renunciation of the Devil which constituted a comprehensive expulsion of the evil spirit.

If he were then sufficiently composed, 'he should receive the Holy Communion and hold a lighted candle in his hand.'

By these two gestures respectively he swallowed a portion of the Father's Body and identified himself with the Father's erect penis.

'Then he is to remain bound naked to a holy candle of the length of Christ's Body, or of the Cross.'

And this coitus ceremony was reinforced by the action of a priest, who sprinkled the sufferer with holy water to drive out his devil. The Sacrament was thus a group of ceremonies in which rites of replacement predominated.

Now although sacramental exorcism was forbidden the Salem children, many Puritans believed that prayer could cast out devils; and Cotton Mather, the most notable minister in the neighbourhood, held informal services of exorcism on behalf of his Boston patients. At the end of one such day of prayer, he rubbed an imp like a rat out of a girl's body; but this unique cure caused scandal, because the sexual symbolism of replacement was so easily understood. Mather had to defend himself:

'As false a representation 'tis that I rubbed Rule's stomach, her breast not being covered . . . and it carries the face of a lie contrived on purpose wickedly and basely to expose me. For you cannot but know how much this representation hath contributed to make people believe a smutty thing of me.'[12]

Other ministers emulated Mather, but with more decorum, often visiting the afflicted in private and trying to rout their devils by recitation of the scriptures. The verses they chose call for notice, because the content differs widely in different cases. Thus a sick woman

'seemed to dispute with an apparition concerning a particular text of scripture. Said she, "I am sure you cannot stand against that text".

[11] *Malleus Maleficarum*, Summers' Translation, p. 123, 1928.

[12] G. L. Burr: *Narratives of the Witchcraft Cases*, p. 325.

Then she was sorely afflicted, her mouth drawn on one side, and her body strained for about a minute. I began to read, and before I had near read through the first verse, she had opened her eyes and was well.'[13]

The chapter read to the sufferer reaches a climax in the verse :

' To him that overcometh will I grant to sit with Me in My throne ; even as I also overcame and am set down with My Father in His Throne.'

So that the cure may well have depended on an immediate identification made with the victorious Father, such as the Catholic made by means of the lighted candle, rather than on submission to Him while He drove out the devil. The content of other texts seems not to be specially important ; they are ejaculatory in nature, or easy to remember, like the first verse of a chapter. This arbitrary use of the Scriptures reminds one of the omnipotence of the spoken word as it operates in unconscious thought. It is significant, too, that the cures by Bible verses were attempted in a community whose members stoutly believed in the verbal inspiration of the Scriptures and who used texts as their household words. The Word of God should indeed be able to work miracles of healing among the Puritans.

But the afflicted children acted strangely. They seldom listened to Bible words, and when they did they responded with shrieks and kicks ; nor is it suggested that the uproar was followed by relief, as often happened in exorcistic cures. One girl, indeed, recited texts, but those she chose described affliction rather than recovery, and afflicted she remained. Another, compelled to repeat the Scriptures aloud, spelt out all significant words letter by letter ; but even though she thus broke God's Name into pieces, it sent her off into fits. A third nearly died in a furious fit which followed Bible reading. Finally, after a day of public prayer, sadly interrupted by riot and cat-calling, one of the patients laughed aloud and said she had forgot what the minister said. It is, then, an established but a surprising fact that the afflicted children were not cured by the Word of God. Possibly they were prevented from using the most appropriate of all treatment for witchcraft, and their neglect should have special significance.

It is apposite here to remember that exorcism by an influx of grace involved the performance of a coitus ceremony during which the patient must be compliant, like a woman. But the afflicted children never appeared in a genuinely passive part throughout the witchcraft period. During their hours of possession they were notoriously violent. In affliction, it is true, they suffered ; but they

[13] *Ibid.*, p. 157.

suffered because they wounded themselves, thereby taking an active as well as a passive rôle upon them, and doing so, one supposes, because each self-inflicted injury helped to hang the women they denounced. In their chosen cures, too, the transference of evil to a dog and to the witch, they infused poison into another person—an active and, as I think, a male function. Therefore when they refused to submit to exorcistic cures—viz. to cures in which a good influence replaced a bad one—the girls were simply following their policy of activity, and avoiding anything that might force them to comply with another person's will. One is driven to ask why compliance spelt danger to the afflicted children, and what kind of benign spirit it was to whom they dared not submit.

The question is answered by Cotton Mather. He was himself responsible for much of the attempted exorcism in the Salem district, and he describes certain shining white men who appeared to the afflicted and cast out their devils by an holy influence. What is noteworthy about these apparitions is how seldom the children invited their co-operation, and, still more significant, how little it helped them. For while the shining men encouraged the girls, they never cured the fits, being content to describe them as ' a chastisement of God '. One day, indeed, a devil fled when the angel raised his hand ; but the deliverer hastened to tell the afflicted child that many other fiends would waylay and torment her on the road to the magistrate's house whither he now sent her, and on the journey back. There is something sinister in the way the shining men gathered into themselves antithetic qualities of white and black, God and Devil. They even foretold the onset and number of the fits they did not cure, and always they showed a dual nature, in which apparent kindness cloaked extreme severity to their young charges.

This manifest confusion over the functions of good and bad angels was as much in the ministers' minds as in the children's. One of the Salem preachers supposed that the miseries of witchcraft resulted from a curious alliance between ' God's pleasure supremely permitting and Satan's malice subordinately troubling ' (Rev. Deodat Lawson), and another warned his listeners that the Devil ' never works more like a Prince of Darkness than when he looks most like an Angel of Light'. No wonder that Mercy Short,[14] a melancholy girl,

[14] Mercy Short was overlooked by one of the Salem witches, but she never joined the Salem group of afflicted. She was a Boston girl who spent the months of her illness under care of Cotton Mather.

portrayed her devils in all the insignia of holiness and complained that :

' When those tigers were addressing themselves to their furious inflictions, they would so clothe themselves in flames of fire (a divelish and most impudent imitation sure of something in the Scriptures), as to render themselves beyond measure formidable.'

Worse followed : the devil sought to impersonate Cotton Mather, who had often tried to exorcise poor Mercy, and who noted with concern :

' That one evening I had with me a lanthorn accomodated with a glass ball which rendered the light so extremely glaring that one could hardly bear to look on it . . . and she, being then able to see and speak, told us that he (meaning the Blackman) sometimes came to her with eyes flaming like the light of that lanthorn.' [15]

In both these cases a dreadful light increased the blackman's power ; and the whimsical blending of black and white suggests that bad and good agencies were here amalgamated, instead of being replaced one by the other, as should occur in true rites of exorcism. Certainly good and bad were fused in a second phantasy which Mather recorded in his diary, and which actually represented him as a torturing devil :

' A young woman being arrested, possessed and afflicted by evil angels, her tormentors then made my image or picture to appear before her ', [At this point a marginal note states that the girl was ' a viper, speedily and happily shaken off '.] ' and then made themselves masters of her tongue so far that she began in her fits to complain that I threatened her and molested her, though when she came out of them she owned that they could not so much as make my dead shape do her any harm, and that they had put a force upon her tongue in her exclamations. Her greatest outcries when she was herself were for my poor prayers to be concerned on her behalf. Being hereupon extremely sensible how much a malicious town and land would insult over me, if such a lying story should fly abroad, that the devils in my shape tormented the neighbourhood, I was put into some agonies and singular sallies and efforts of the soul, in the resignation of my name unto the Lord.' [16]

The story reminds us that, however the minister's good works might shine before men, yet always his clothes were black, and in this uniform he was bound to be a black man and likely to be taken for a devil.

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[15] *Ibid.*, p. 263.

[16] *Diary of Cotton Mather, Collections of the Massachusetts Historical Society*, 7th Series, vol. 7, p. 178.

It is this fusion of good and evil, this appearance of angels with devils' attributes, and devils with angels', that disposes of the angels' claim actually to cast out devils by an influx of grace. And if the afflicted children conceived of God's angels as being harsh as devils, they were wise in refusing to submit to them or to their colleagues, the ministers.

Why was it easier, then, for the afflicted to submit to a devil than to an exorcist? For two reasons, I think. For one thing, the devil's afflictions were wrought by the patient herself, and involved her in no real submission, whereas the exorcist was an external agent with a will of his own. For another thing the result of the pseudo-submission to the devil was bad—bad for the hurt child, and bad for whoever she accused of afflicting her—so that in it the child could gratify her sadistic impulses. But submission to an exorcist should lead to recovery, and this could ensue only if the patient believed in a merciful God. I would say here that the conception of very severe heavenly powers is common to many bewitched persons. For instance, Freud noted that the possessed painter whom he studied complained that Christ and the Virgin caused him as bad fits as any the devil laid on him.[17] And even Sprenger the Inquisitor confessed that 'it is very rarely that men are delivered from a bewitchment by calling on God's help or the prayers of the saints'.[18]

It is not, then, an easy thing to be cured by grace. Still, certain of the afflicted succeeded in so doing, always, I think, by making an immediate identification with an omnipotent father figure, without previously having taken part in any overt ceremony of replacement of evil by good.

There was, for instance, the case of Elizabeth Goodwin, a child who flew through the air like a goose when she was possessed, and who at times rode a frisky invisible horse. Her male identification may have been pleasant to her, but it also set her in precarious positions, for sometimes the horse threw her and at others her goose wings failed. Fortunately she was one of Mather's patients, and he has left a record of two cures by which she helped herself during possession, using the same expedient each time.[19]

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[17] S. Freud: 'A Neurosis of Demoniacal Possession in the Seventeenth Century', *Collected Papers*, vol. iv, p. 441.

[18] Sprenger adds a grim corollary: 'Therefore it follows that they can only be delivered by the help of devils, and it is unlawful to seek such help'.—*Malleus Maleficarum*, Summers' Translation, 1928, p. 159.

[19] Elizabeth Goodwin and her younger brothers and sisters were

' One day ', he said, ' to our admiration she rode (that is to say, was tossed as one that rode) up the stairs. Then there stood open my study, in which entering, she immediately stood on her feet and cried out, " They are gone, they are gone ! They say that they cannot—God won't let 'em come in here ". She also added a reason which the owner of the study thought more kind than true. And she presently came perfectly to herself and sat reading the Bible and good books for a good part of the afternoon.

' Her affairs calling her anon to go down again, the demons were in a quarter of a minute as bad upon her as before, and her horse was waiting for her. I understanding of it, immediately would have her up to the study . . . but she was now so twisted and writhen that it gave me much trouble to get her into my arms, and much more to drag her up the stairs. She was pulled out of my hands, and when I recovered my hold, she was thrust so hard upon me that I had almost fallen backwards. With incredible forcing (though she kept screaming, " They say I must not go in ") at length we pulled her in ; where she was no sooner come, but she could stand on her feet and with an altered tone could thank me, saying, " Now I am well ".' [20]

Elizabeth was cured each time she entered Mather's study at his invitation, after prancing about on the stairs ; but different affects attended the two entrances. The first time she showed no sign of guilt or rage ; she was frightened, as any girl would be when chased by devils and then comforted. But trouble returned directly she left the room. In the scuffle she pushed Mather downstairs, and at the

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bewitched in 1688 and their alleged persecutor was hanged. The girl lived in Boston, Mass., some twenty miles distant from Salem village, and she was treated for her disorder by Cotton Mather. Mather described her illness in his book *Memorable Providences*, published in 1689, so that the Salem girls learned about Elizabeth's symptoms from a written report of the case as well as from animated local gossip. No doubt knowledge of this illness helped to determine the course of the neurosis in Salem.

I include among the Salem cures this account of the temporary cure of a Boston patient, because the Boston and Salem cases of bewitchment together constituted an epidemic of neurosis. Further, the Salem girls exactly repeated some of Elizabeth Goodwin's antics (viz. her goose flights). They also told tales of rides on broomsticks—rides which were often interrupted by accidents, much as was Elizabeth's horse-riding. Knowing that the Salem girls shared a painful riding phantasy with Elizabeth, I have felt justified in recounting the method by which she cured herself, for there is not another account as admirable in all the Salem material.

[20] G. L. Burr : *Narratives of the Witchcraft Cases*, p. 114.

study door her anxiety and guilt reached such a pitch that she would die rather than go inside. Still, the fit passed when Mather carried her across the threshold, for in his arms she might go with impunity into the most dangerous and desirable places. We are immediately reminded of the sick child who was cured by sticking it in and out of the hopper of a flour mill, and also, I think, of the use made by young children in analysis of cupboards, alcoves and other little houses.

That the male identification which Elizabeth manifested in her wild riding and her triumphal entry into the private room was a source both of trouble and relief to her is proved by the ebb and flow of her anxiety. And such external stimuli as are known to us suggest that anxiety was caused by separation from the father figure and was eased by reunion with him. One may guess, too, that the fight on the stairs was timed by an exercise of execretory functions (' her affairs calling her anon to go down '), and in such a case Elizabeth would have had opportunity symbolically to cast out a devil. But the mechanism of cure is not left in doubt. No sooner had Mather carried her, still fighting, into his study, than she resumed her identification with him and was at peace again.

The point here is that while Elizabeth's cure was a cure by grace, and by grace which apparently proceeded from Mather, still it was a cure which operated while the patient was active in a way which expressed a male identification. And reckoning that there is little difference between a father's study and a father's throne, I would class this cure with that other cure during activity, which was described in the verse : ' To him that overcometh will I grant to sit down with Me in My Throne '.

In conclusion, we find that the afflicted girls achieved a symptomatic cure by making a successful male identification, and finding in it due release for their sadistic impulses. The cures which gave licence for the necessary activity were :

(1) The transference of evil to the dog ;
(2) The transference of evil to the witch ;
(3) Those cures by grace from which attitudes of submission had been eliminated.

But the symptomatic cure was no criterion of the patient's psychological well-being, and this for two reasons. In the first place, the male identification by which cure was wrought operated as steadily during bewitchment ; for the girls took up a male identification when they were possessed by the devil, and again when, acting on his beh alf,

they frightened and hurt themselves—though naturally when they simultaneously inflicted and endured an injury the identification was a composite one. In the second place, the girls seem to have had no power of consolidating a female identification ; for they avoided any ritual that required of them a womanly compliance or they modified it until it gave them opportunity for male activity. It is significant that the catholic cures by grace were achieved by a female identification, and the puritan cures by grace by a male identification. It seems, then, as if the afflicted children had so ferocious a conception of sexuality and such intense castration anxiety that they dared not comply like a woman, but must continually act as furiously as they thought a man would act.

It is worth while to consider for a moment the religious environment at Salem to see how far it differed from that of a catholic village—how, also, it may have fostered the extreme sadism of the afflicted girls.

The Puritans founded in Massachusetts a community on the lines of the Jewish theocracy. Their God—think of Him also as Father imago and super ego—was the Judæan Jehovah, a relentless God who required His children to be circumcized. They retaliated by making Him invisible and by recognizing no graven image or token of Him. He can be contrasted with the God of the Catholics—one who made no special demand about circumcision and who allowed His followers the solace of crucifixes, amulets and relics which, all the world over, bear the significance of genital parts.

One might say that Jehovah was the projection of the fiercer super ego. That He was a castrated as well as a castrating God is suggested by the iconoclasm of His worshippers. Dr. Abraham [21] and Dr. Jones [22] have regarded the choice of an invisible God and the tendency to iconoclasm as being animated by the worshippers' castration anxiety, associated with a regression from genital to pregenital phantasy. So it was with the Puritans. They are known to have been a severe community whose bitterly condemned ordinary sexual activity, and in the records of the civil courts of Massachusetts in the seventeenth century there are more indictments for unnatural sexual acts—that is to say, for gratification of pregenital impulses—

[21] K. Abraham : ' Transformations of Scoptophilic Instincts ', *Selected Papers*, pp. 221-222.

[22] E. Jones : ' The Madonna's Conception through the Ear ', *Essays in Applied Psycho-Analysis*, p. 261, 1923.

than for any other type of offence. Moreover, the sermons to which the Salem people listened were concerned chiefly with phantasies of hell's mouth [23]—anal imaginings which exclude the idea of genital potency. Here is evidence of sadism intense enough to determine a massive regression.

Then, comparing the Puritan with the Catholic priest, in each case thinking of him as the most important person in the religious environment upon whom the character of father imago and super ego must have been projected, one finds that the Puritan church was constituted so that power should be taken from the minister and distributed to the brethren of the church. Naturally this distribution was not always achieved, so that often ' new presbyter was but old priest writ large ', but the intention held, as also did the fear of the father which occasioned it. Catholics, on the other hand, could count on the good offices as well as on the admonitions of their priest, and were encouraged to submit to his healing gestures. In time of bewitchment one would rather be a Catholic than a Puritan, I believe.

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[23] Cotton Mather: *Enchantments Encountered,* 1693; *Batteries on the Devil,* 1695.

THE EARLY INFANTILE SEXUALITY OF MAN AS COMPARED WITH THE SEXUAL MATURITY OF OTHER MAMMALS

BY

MAX LEVY-SUHL

BERLIN

I

In his preface to the fourth and fifth editions of his *Drei Abhandlungen zur Sexualtheorie* (1920 and 1925) Freud looks back and finds himself able to state that, although psycho-analytical theory has over and over again been said to have broken down, increasing recognition and attention have again been accorded since the War to ' the purely psychological hypotheses and findings of psycho-analysis ', even by those who are opposed to it in principle. ' That part of our theory ', he continues, ' which touches on biology and of which the basis is laid down in this little book still evokes undiminished hostility '.

Since Freud wrote these words, progress in this respect also has been unmistakable. It has been specially marked in the field of child-therapy, a line of work for which Friedjung fought in the front rank for several decades. Nevertheless, in medical circles—almost more than amongst the laity—we still encounter a strong and widespread opposition (easy to understand analytically) to the recognition of the biological facts which Freud had pointed out. In especial there is a strong antagonism to his finding that children between the ages of, say, two and five are full of instinctual impulses, wishes and phantasies, the content of which is the same as that of the so-called perversions of adults and which we are accustomed to assign to sexual pathology. (The disposition of little children is ' polymorphous perverse '.)

It is, however, quite impossible to understand the theory of psycho-analysis and to apply it in practice unless we recognize and take into account just these particular biological facts. I propose, therefore, to adduce certain other, uncontested facts of biology in order to make these assertions of psycho-analysis easier for the doubters to accept and to remove the stumbling-block which they represent to many people. At least this may be of assistance to those who are to some extent prepared to embrace within their intellectual horizon even such scientific conclusions as are subjectively disagreeable. (In our survey we shall make use of phylogenetic comparisons, our justification being

the recognized value and fruitfulness of this method of *research* in many fields of physiology, in spite of the attitude of reserve now largely adopted towards the *schematic* application of the ' fundamental biogenetic law '.)

II

In many passages in his works (especially in the *Introductory Lectures*) Freud himself refers to phylogenetic data in order to elucidate his views. In accounting for the early infantile sexual development of human beings and the subsequent period of latency up to the age of puberty he adduces the revolutionary changes which the glacial epoch is known to have brought about in plant and animal life in vast regions of the earth.[1] The findings of palæontology prove that, even in the more remote epochs of the tertiary period, the precursors of the human race existed in some as yet imperfect form. Before the glacial period or periods of the diluvial epoch (the first glacial period is placed at 600,000 to 550,000 years B.C.) [2] had done their work of destruction and produced their anatomical and physiological changes, of which we have ample evidence, in the animal-world, *homo sapiens* became sexually mature in one single stage of development and at what we should consider a very early age. In view of the evidence I am about to adduce, we may safely assume that sexual maturity was attained between the ages of about four and five. This shows that the ' first onset ' of sexuality, as it occurs in our present epoch, is a phylogenetic echo,[3] a recollection from the history of our race ; research into the history of evolution has discovered many other instances of such phenomena and has cited them in explanation of present-day functions.

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[1] Cf., among others, Plate : *Selektionsprinzip und Probleme der Artbildung*, Leipzig, 1913.

[2] Cf., for example, Olbrich : *Klima und Entwicklung*. G. Fischer, Jena, 1923.

[3] Abraham in particular has sought to explain the various *forms* of infantile sexuality demonstrated by Freud—and especially the existence of the oral, anal and genital levels—as the abortive reproduction of prototypes very far back in the history of the race. (Cf. also Freud's reference to the ' cloacal theory ' of children.)

I might likewise mention Sadger's manifold applications of this principle and, further, the very far-reaching hypotheses of Ferenczi. Recently, Fenichel has suggested a similar explanation of conversion-symptoms.

We must assume that here, as elsewhere, the ' recapitulation ' of the former state is incomplete and abortive. The more so, as in our modern, civilized world the sexual development of children is subject to restricting and deforming influences from the very first day of life. Hence, in the early infantile period in which, as psycho-analysis maintains, the sexuality of human beings first blossoms, the necessary conditions are lacking for the appropriate employment of the budding instincts. This is the case particularly because both the external organs of reproduction and the whole organism are as yet imperfectly developed and, further, because the sexual component instincts have not yet achieved unification, nor are they directed towards the physiological goal of reproduction.

III

I propose now to investigate the following questions : From the standpoint of physiology, does the comparison with other species of the larger mammals bear out Freud's view that ' the first onset ' of the sexual instinct in human beings occurs at so early an age ? Does this seem theoretically possible, or is it overstepping the natural limits of the development of mammals if we place the appearance of sexuality in such an extravagantly early period of life ?

To answer these questions we must ask another : At what age (in what stage of life) do we on an average observe evidence of the awakening of the sexual instinct in the different species of mammals, or, alternatively, in order that we may be on quite secure ground, at what age are they known to attain to *sexual maturity*, i.e. the capacity for reproduction ?

The age in question must, of course, be taken *relatively*, i.e. the number of years of the natural duration of life in a particular species must be compared with the age at which sexual maturity occurs. Let us assume the Biblical estimate of three score years and ten as the average duration of human life.

The data to which I have had access on the subject of the age of sexual maturity and the duration of life in the larger mammals are rather meagre, but quite enough for our present purpose, which is to clear up the theoretical doubts of which I have spoken.

Let me first of all give a general account of the development of sexuality in mammals. I have taken it from a source which is free from any possible suspicion of a psycho-analytical bias, namely, the

text-book by R. Schmaltz,[4] of which I made a similar use in another place.[5]

According to this authority, horses and mares, ' whose normal duration of life . . . may be estimated at about thirty years, although they may live to forty years and more ', are sexually mature by the end of their first year. Colts that were still in the sucking stage have been observed to have erections, with which they ' tormented ' their dams. ' Von Oettingen also states that the sexes ought to be separated directly weaning has taken place, as it is quite common for well-nourished colts to attempt at the age of six months to cover the females. . . .' ' In cattle, individual cases of both sexes are on record in which sexual maturity was attained at the end of the first six months ; while forward females have not infrequently been found to mature at the age of from six to nine months. . . .' Of certain breeds of pigs he says : ' As early as ten to twelve weeks old the young boars begin to " ride " other little pigs, which must be regarded as the awakening of the sexual instinct. Generally, they are able to propagate by the end of their first year '. The same writer says that, as early as their first year, the young of the red deer are capable of sexual activity but are restrained from it by the forcible intervention of the old stag who is the autocrat of the herd.

In the same work there are certain veterinary observations on sexuality which, even if they are not entirely relevant to our subject, I append because of the great interest to psycho-analysts.

In discussing the sexuality of mammals the writer makes the general statement that it often reveals itself very early in males, certainly before the sperma can be supposed to be formed. They exhibit behaviour which ' perhaps springs from some as yet unconscious impulse, easily explicable if we assume that a central disposition is present (i.e. the brain, the basis of the sense of sex) '. It is a kind of ' training of the instinct '. The author regards the male's excitement through the female as a proof of this.

Cows, when in heat, show it by mounting one another, straddling over the partitions of the stall and displaying pleasure when certain parts of their bodies are touched, as, for example, the clitoris. This, whilst of course not typical, is yet natural, but what seems more

[4] R. Schmaltz : *Das Geschlechtsleben der Haussäugetiere*, 3rd edition, Richard Schoetz, Berlin, 1921. P. 121 ff.

[5] M. Levy-Suhl : *Die seelischen Heilmethoden des Arztes*. F. Enke, Stuttgart, 1930.

striking is that they enjoy having their udders washed or a thermometer inserted into the rectum. (P. 157.)

Goats, when in heat, stimulate themselves to an erection by a continuous excited emission of urine. Thereupon they ' so direct the jet of urine as to be able to catch it with their mouths, whilst at the same time their excitement increases more and more '. They intoxicate themselves with their own urine. (P. 162.)

IV

In the table given below [6] I have not included the various kinds of monkeys. In so far as we have any reliable data on the subject, they

	Duration of Life (years)	Age of Sexual Maturity (in years)
Man	70	5
Horse	30	1
Donkey (domestic)	40	Reckoned as ' adult ' in the 2nd year
Cattle	20–30	$1\frac{1}{2}$–2
Wild pig	20–30	$1\frac{1}{2}$
Domestic pig	18 or more	5–6 months
Dog	15–20	9–10 months
Hippopotamus	40	The 2nd or, at latest, the 3rd year
Camel	about 35	about 3
Goat	,, 20	7–9 months
Deer (German)	,, 20	$1\frac{1}{4}$–$1\frac{1}{2}$

show that monkeys differ enormously in duration of life and age of sexual maturity.

Elephants are in a class by themselves. Their attainment of sexual maturity corresponds in a striking manner to puberty in human beings: the elephant lives to be from 80 to 120 years old (when domesticated and used for work), and the female becomes mature at sixteen, the male at twenty. According to one author, this happens even later.

Leaving them out of account for the moment, we see that the age which Freud affirms to be that of the first beginnings of human sexuality and which he explains by phylogenetic considerations, i.e. the second to the fifth year, *fully corresponds to the age at which, down to our present epoch, Nature brings many of the larger mammals to sexual maturity and reproductive capacity.*

[6] Compiled from *Brehms' Tierleben*, 4th edition, 1924–1927; R. Schmaltz, *loc, cit.*; and *Tabulae biologicæ*, edited by W. Junk, Berlin.

V

Remarkable confirmation of Freud's discovery is contained in another novel theory of evolutionary history, also completely independent of psycho-analysis. I refer to the theory of hormonal inhibition, advanced by the Dutch anatomist, L. Bolk.[7] He holds that we must assume that ' the primal ancestors of present-day man, the primal *hominides*, became sexually mature in their fifth year ' (p. 24). According to him, certain processes, which he calls ' processes of retardation of fetalization ', have resulted in the deferring of sexual maturity in man to the present age of puberty, and these he holds to be the characteristic feature of *homo sapiens*. He finds evidence of this in the remarkable, and specifically human, discrepancy which is so apparent in the development of ' germ ' and of ' soma '. This can be demonstrated beyond question in the female. ' The female germ is substantially mature when the child is four or five years old .' According to the text-book by Keibel and Mall, the ovary measures 17 mm. by 5 mm. at the age of three weeks, 20 mm. by 7 mm. at the age of a year and three-quarters, 27 mm. by 12 mm. at the age of four, while, at the age of fourteen, it is, if anything, somewhat smaller, i.e. 26 mm. by 12 mm. ' This means ', says Bolk, ' that *in about the fifth year a pause in development takes place* ; actual functioning may not yet begin, for the soma is still not nearly ready for that which is the outcome of this functioning, i.e. for conception. There must be some force within the organism which bars the way to any such functioning. . . .'

We may readily recognize here the *biological substructure* of Freud's theory of the early infantile phase of sexuality and the ensuing latency-period.

VI

In conclusion, let us see whether we can explain why puberty occurs late in elephants, as it does in human beings. It is a fact which contradicts Bolk's assumption that the development of man is something unique in the whole animal world, but at the same time it serves as another confirmation of Freud's explanation in terms of the glacial epoch.

The elephant is a species of animal which, in other respects besides this, ' stands ', as L. Heck says, ' quite alone amongst the mammals

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[7] L. Bolk : *Das Problem der Menschwerdung*. G. Fischer, Jena, 1926. I have to thank G. Bally for bringing this book to my notice.

of the present day. For an example of a living mammal which is without any closely related species in our period we must go not to man but to the elephant. When tested by reagents, the blood of the elephant exhibits no reaction of affinity with that of any other mammal' (Brehmn, p. 526). The fact that in this species, which is very singular also from the palæontological standpoint, sexual maturity is deferred as it is in present-day man leads us to conclude that similar external causes have operated in both cases. While the mammoth and other precursors of the elephant, e.g. in particular the 'moeritherium of the early tertiary, eocene period' (Brehm, p. 579), have perished, the new species of the elephant-family, as we have it to-day, with its characteristically late puberty, *developed only in the glacial epoch.* Obviously, it was the same attempt at adaptation on the part of Nature which caused the marked retardation of reproductive maturity in this unique species and in man of that period, and brought it about that, in human beings, sexuality has two separate beginnings.[8] If we wish to understand the deeper reasons for this remarkable correspondence between the sexual development of man and that of the elephant, we must invoke the aid of the natural sciences concerned with this subject or of an analyst who is versed in palæontology.

[8] It is not to be expected that the elephant, like man, should have an atavistic first onset of sexuality. Apart from other factors, the elephant is, according to Heck, an independent species and must not be regarded as the direct descendant of the mammoth which perished in the glacial epoch.

ABSTRACTS

General

Paul Schilder. ' Psychoanalyse und Biologie.' *Imago*, 1933, Bd. XIX, Heft 2, S. 168-297.

Freud has always considered psycho-analysis as biological science, and has always given special attention to the organic life. In *Beyond the Pleasure Principle* he has given particular attention to the biology of protozoa. According to psycho-analysis the same fundamental laws occur in the organism and in the psyche. Analytic theories have partially been developed under the influence of biology. Psycho-analysis, which gives a deep insight into the structure of the psyche, which is the most important biological function, is certainly able to help the biologist and draw his attention to problems which he would have neglected otherwise. Mendel has taught us that the appearance of the organism does not show its real potentialities. The genotype is different from the phenotype. Biological qualities can remain, therefore, suppressed. We deal with an analogy to the mechanism of repression. The experiments of Driesch and Spemann have shewn that many of the potentialities of the single cell remain potentialities and do not become realities. The organism never exhausts its possibilities completely. The biological total situation determines which potentialities of the cell become realities. The inner plan of development necessarily represses many prospective tendencies. The experiments of M. Hartmann shew that protozoa can live for ever. These experiments speak against an inner tendency to death. It is even possible to keep ' Amœba proteus ' alive without cell division, if one hinders them by amputation from becoming too large. The tendencies of self-preservation, which correspond to the ego instincts of psycho-analysis, fail only when they want too much. These facts point to a theory that death is not the result of an inner urge, but the result of unorganic events in the organism which can be compared with earthquakes, lightning and other catastrophes in the outward world which have no inner meaning. Sexuality and fecundation are independent from propagation. Sexuality is a general quality of organisms.

Every individual, either masculine or feminine, contains the complete ability for the production of the opposite sex. Even differentiated sex cells can produce cells of the other sex. Fecundation is the melting of two cells of different sex. It takes place after the chromosomes have been reduced to one half of their previous mass. Sexuality is fundamentally different from the other processes of life, and the biological facts prove the

dualism of instincts postulated by Freud. The biological facts point to the idea that masculinity means activity in the first phase of fecundation and passivity in the second phase of fecundation. The female cell is at first passive and active in the second phase. The sex organs and the behaviour of humans during intercourse repeat the action of the sex cells. Fecundation is an attempt to unmake the reduction which has taken place in the chromosomes. Growth and the creation of organs are in connection with the two basic tendencies of life, the ego instincts and the sexual instincts. The creation of organs is due to difficulties in organizing the increasing material. The organism has to give up something if it wants to exist. Whenever primitive organisms meet otherwise unsurmountable difficulties, they give up their organization and go back to a more primitive state of development (regression). When regeneration takes place it does not always lead to a full development. More primitive types may be the result. Restitution in schizophrenia also very often does not lead to a fully developed sexuality but remains in the oral or anal homosexual sphere. In the behaviour of animals the same laws find their expressions as in their organisms. The psychic potentialities of human sexuality find their realization in the actual sex behaviour in animals. Every biological shape and behaviour has its counterpart in the human unconscious. Whereas modern biology generally rejects the idea of the heredity of acquired characteristics, psycho-analytic trend of thinking is inclined to believe in it. But biology has not yet solved the problem of the so-called mutation.

It insists so far that there is no meaning in them and no correlation to the life situation. One has produced them by X-rays. But one denies that the organism as such can produce them as a meaningful answer to its situations. Also in the function of the central nervous system one finds principles which can be studied by psycho-analysis. Even in lesions of the peripheral nerves one finds phenomena which correspond to repression. Lesions in the occipital lobe provoke a type of perception which corresponds to the type of perception observed in dreams. The undeveloped perception of the normal (when the impression is tachistoscopically exposed) and the disintegration of optic (and tactil) representations shews the same condensations and symbolizations which Freud has described in dreams. One can say that certain parts of the brain are necessary for the complete development of the perception. One can also say that lesion of the brain hinders the unconscious material from developing into conscious material (*cf.* also Poetzl). Psycho-analytic study of the dream is indispensable for the psycho-physiological study of the process of perception. Also in the function of the nervous system the more primitive type of function takes place when the higher type has become impossible (repression). Important analogies to psycho-analytic principles can be found even in the isolated spinal

cord. The postural and righting reflexes take place according to the same principle. The complex, the occasional apparatus (Gelegenheitsapparat, Bleuler), is a preliminary stage of the organic apparatus, and the organic function, which shews special plasticity in the central nervous system. The antithesis, psychic-organic, is not quite justifiable. Amnesia and sleep are other instances for the inner unity between the sphere of organic and psychic life. ' Whatever happens in the organism follows laws which we find again in psychic life and can understand there. Sometimes it may find an immediate psychic expression, sometimes it will reflect in the psyche, sometimes it will take place without psychic repercussion. But even then it is not out of the reach of psychic forces and will shew principles which are akin to psychic principles.'

(Author's Abstract.)

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G. Bose. ' The Aim and Scope of Psychology.' *Indian Journal of Psychology*, 1932, Vol. VII, pp. 11–29.

Bose points out that psychology is neither philosophy, biology, physiology nor behaviourism. The psychologist is not interested in behaviour as such but ' in the inferred mental process that accompanies behaviour.' Mental phenomena have neither mass nor momentum. The physicist cannot weigh the sensation sweetness, he experiences it ; ultimately the terms used by physicists to describe the physical characteristics of objects are merely psychological projections of their own inner experiences. This brings us to the problem of ultimate reality. The opposition between mind and matter can be reconciled ' by assuming a physical substratum for each object . . . on which a psychological projection of a definite type takes shape '.

The physical world around us changes continually, and we explain these phenomena by theories such as the laws of causation and continuity and by the conception of energy. Causation, continuity and energy hold good in the mental sphere also. Continuity of mental life provides the background for the personality. The energy is of a special form, which may be called mental energy. If matter has a dual aspect, physical and psychical, we may suppose that physical energy has its counterpart in psychic energy. This is the doctrine of *pan-psychic psycho-physical parallelism*. Psycho-physical parallelism, with or without pan-psychism, is one of the fundamental concepts of modern psychology. Psycho-analysis belongs here. Freud brought about a revolution in psychology because he tried to explain mental states by reference to previous mental states and introduced a dynamic conception into psychology. To him is due also the credit of first utilizing the concept of unconscious mental activities to explain ' complicated mental mechanisms in a dynamic form '. Many psycho-

logists still hold that mind and consciousness are equivalent terms, but the continuity of the personality through sleep or narcosis is most easily explained if we assume that the mind continues to act even though consciousness is lacking. ' Freud has devised a special technique for probing the unconscious, and he has been able to prove the vast importance of these unconscious mental processes in moulding the character traits of an individual.' This makes it possible to look forward to the day when psychology will be looked upon as the greatest of all the sciences.

I. F. Grant Duff.

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Manmathanath Banerji. ' Expansion of Wundt's Definition, Method and Scope of Experimental Psychology.' *Indian Journal of Psychology*, 1932, Vol. VII, pp. 30–52.

After summarizing the debt which psychology owes to W. Wundt M. N. Banerji proceeds to shew how enormously the whole outlook and endeavour of psychology has expanded and altered in the last years. The sheet anchor of Wundt's definition of psychology was consciousness, but Freud's work has demonstrated the ' overwhelming importance and dynamic character ' of the unconscious and has made the equation of mind with consciousness forever impossible. Freud also ' established determinism in the field of wishes '. The *Gestalt* school has done service in correcting the one-sided aim of official Experimental Psychology. Practical work has been done by the application of *Intelligence Tests* for the ascertaining of mental deficiency. The criterion has been ' the quantum of performance '. From the purely objective standpoint we have the epoch-making work of Pavlov and also the researches of the *Behaviourists* which ' should be credited with the service of bringing to the fore again the question of physical basis for mentation '. The scientist of to-day believes in ' no mind that is . . . separated from the body ' and daily proves the close relationship between mind and body, e.g. in the use of anti-syphilitic measures in certain forms of psychosis and in the study of the endocrine glands, with regard to mentally disturbed states ; while psycho-analysis and other psycho-therapies have proved that in shell-shock cases functions of the body and mind are influenced by the sense organs. Freud's psycho-analytical method shewed the possibility of proceeding along purely. mental lines in dealing with the psycho-neurosis.

There then follows a discussion of parallelism which ends with its rejection. The four outstanding schools of psychology to-day are : (1) Those who study only physiology and behaviour. (2) Those who proceed by analysis of consciousness by purely psychological and experimental lines. These are the parallelists. (3) Those who study both physiology and consciousness, the unconscious behaviour, the inter-

actionists. (4) Those who consider mind as an integral part of the body ; their aim is the same as the third group, but they steer clear of the metaphysical conceptions of parallelism and interactionism. The ' august name of Professor Freud ' belongs in this group.

The end of the paper is devoted to a very short discussion of Hindu philosophy and its teachings on psychology.

I. F. Grant Duff.

✶

G. Bose. ' A New Theory of Mental Life.' *Indian Journal of Psychology*, 1933, Vol. VIII, pp. 37–157.

The new theory which the author puts before us in this paper is called by him *the theory of the opposite wish*. According to this theory every wish in the human being arises in twofold form, the one member of the pair being the exact opposite of the other member. The one wish is conscious, its opposite number is unconscious. Normally the conscious side is satisfied by appropriate action and the unconscious by identification. When one member of an opposite pair of wishes is satisfied, a tension is produced until the opposite wish is also satisfied. For example, if A strikes B, B's wish to be struck is satisfied and the active wish to strike becomes conscious and B now wishes to strike A. Before A struck B the two opposite wishes in B were latent and each was inhibited by the other. This is the basis of retaliation and punishment, both in the individual and in society. It is one of the mechanisms *viâ* which the super-ego is formed.

The child is at first entirely passive, gradually the satisfaction of the passive wishes awakens the active side of the (opposite) pair to life. By identification with the mother, the child passes on to satisfaction of conscious active wishes, each of which has its passive unconscious counterpart. Should the active wish be too often hindered in discharge, it leads to its repression by the (passive) opposite wish. Repression may also come about when both sides of the wish pair are equally strong, so that each inhibits the other. At first the polarity of the wish pair is passive-active, later it becomes object-subject. Besides the mechanism mentioned above, the super-ego comes into being, through the adjustment of ' œdipal love . . . by the realization of the opposite types of wishes in the child-parent situation ' (p. 112).

As repression can only be brought about by the action of one of the wish pair on the other, it is necessary for the analyst to understand the theory of the opposite wish. The therapeutic importance of the transference comes from the free play which it affords to both facets of the wish pair. According to this theory unpleasant emotions, such as shame, are the results of repression and not its cause. Pleasure makes its appearance when both of the opposite wishes are free to operate. It is the unconscious opposite wish and the identification which it enables the ego to make

with the object of an action, which is an important basis for the ego's knowledge of the environment. The ego will therefore come to an accurate knowledge of the external world where there is no repression and it is unnecessary to assume a separate reality principle. Pleasure and complete consciousness are two phases of the same manifestation. Later, however, Bose argues that consciousness only arises when there is some resistance to action.

Ambivalence is one of the clearest manifestations of the opposite wish. Masochism is a repression product. Sleep is the assertion of the reactive tendency after the active impulses have been fully satisfied in the business of the day. Death is possibly the final assertion of the passive side of the wish pair. The doctor game is explained on the assumption of an attempt of the unconscious opposite wish to identify with the dangerous world. Shellshock and suicide are extreme examples of this. The theory of the opposite wish therefore does away with any necessity to assume a compulsion to repetition.

The principle of unity, i.e. the free satisfaction of both the opposite wishes, is the only principle that guides the organism.

I. F. Grant Duff.

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The President of the Psycho-Analytical Association (Ernest Jones). 'How the Mind Works,' IX, X, XI. *The Listener*, November 30, December 7, December 14, 1932.

IX. "What is Psycho-analysis?"

'Let us start with a correct definition of the term "psycho-analysis" The original sense was simply a special method devised by Professor Freud, of Vienna, for the treatment of a certain class of nervous troubles, but the term is often very properly used to refer to the knowledge that has been gained through using that method'. This definition is followed by a description, with illustrations, of the fundamental method of 'free association', the principles upon which it is based and the new knowledge to which it has led. The author concludes by summarizing the three main discoveries that have been made by using the psycho-analytic method. 'The first is the existence of the unconscious mind, that there lies below the surface of the mind we are aware of an active and complex "unconscious" mind which greatly influences us without our ever suspecting it. The second is the process of repression, by which much of our mind is kept away from our conscious knowledge by definite forces. And the third is that the unconscious mind, with all its conflicts, dates from childhood, at a time when sexual impulses play an unsuspected part in the early development of the mind'.

X. "THE POWER OF THE UNCONSCIOUS."

'I should like to leave you with three definite ideas. Above all is the revolutionary notion that we know only a small part of our own minds, that every minute we are being moved by forces stirring in the depths of our being of which we know absolutely nothing. Secondly, I would remind you of the idea that this vast region of the unconscious is in a state of perpetual conflict, the primary driving forces seeking to obtain some form of expression through the self, and the latter either opposing them or else imposing all sorts of conditions on them. The two words "unconscious conflict" summarize most of what psycho-analysis has to teach. Normally the energy of the unconscious, after being transformed—you may have heard the word 'sublimation' in this connection—flows with relative freedom into the conscious mind and there directs our interests and activities; it is the great feeding-source of our personality, although we are not aware of its very existence. Abnormally—and by this I mean usually—what happens is that some of the unconscious energy fails to find this satisfactory outlet and is thus forced into indirect channels where it agitates the personality. This latter state of affairs is the main cause of the innumerable imperfections and unsatisfactorinesses of human existence, both in the discontents of the individual and in the infirmities of our national and international life'.

XI. 'HAVE DREAMS A MEANING?'

'Dreams are infantile wish-fulfilments. They are made up from the wishes that have unconsciously guided and influenced us most from our early childhood throughout life. They do not foretell the future as used to be believed: though often enough they come true because our deepest wishes are always trying to come true, and they sometimes succeed. Then the old saying comes true, that coming events cast their shadow before. But dreams teach us much more than things about the individual dreamer. For the deep wishes from which they spring are a most characteristic endowment of the whole human race, and contain broad hints about the early history and development of the human mind. Myths, legends, superstitions and other products of the imagination are constructed on the same pattern and are easy to read when one is familiar with the interpretation of dreams.

'You will find, if you try to study dreams seriously, that they open up unexpectedly vast problems. But the gist of what I have told you here can be put in a very short sentence. What Freud discovered about dreams was that they mean just the same as our day dreams. Whether we dream by day or by night all we are really doing is wishing. How simple it all seems! But to discover what this wishing really is in its most deeply-buried sources—that is a very different matter. And the study of dreams led Freud to build up a whole new psychology, one that is revolutionizing

all we previously believed about ourselves. So we may well say of dreams that " the stone the builders rejected, the same is become the head of the corner " '.

(Author's Abstract.)

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Leo Kessel and Harold Thomas Hyman. ' An Evaluation of Psycho-analysis.' *The Journal of the American Medical Association*, November 18, 1933, Vol. 101, No. 21, pp. 1643–1644.

The article by Kessel and Hyman on ' The Value of Psycho-analysis as a Therapeutic Procedure ' (abstracted above) is hailed as an objective and an entirely unemotional report. It is stressed that it was compiled by non-analysts and therefore rare and perhaps unique. The statistical evaluation of 721 cases in 1930 by the Berlin Psycho-Analytic Institute was done by analysts. The report by the British Medical Association Commission was not based on statistical analysis.

The weak points are : small number of cases (thirty-three) and the diversity of the material—schizophrenia to mild behaviour problems Exception is taken to the view of Kessel and Hyman that the analysis is a failure if it ends with a change in the life situation (marital status) of the patient when contrary to the purpose with which the patient started his analysis, even though the symptoms and the neurosis may have been cured. Psycho-analysts feel that frequently the patient's life situation, namely unsuitable marital partners or unsuitable vocations, is the result of his neurosis. It is therefore to be expected that the cure may sometimes demand changes in the life situation. ' In any case the neurotic patient's expectations and demands at the beginning of the cure are frequently integral parts of his neurosis. . . . Just as an internist could not possibly allow a diabetic patient to demand that he be made capable of tolerating a diet of the patient's own choice, so also is it not permissible for a psycho-analyst to undertake the task of making a violin virtuoso out of a person without musical talent '.

P. Goolker.

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Denes Szilagyi. ' Grundsätzliches zur Psychoanalyse.' *Psycho-analytische Bewegung*, 1933, Jg. V., S. 271–277.

After highly complicated discussions on realism and technology the author comes to the conclusion that psycho-analysis is an empirical science of the psyche.

Walter Schmideberg.

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Clinical

Franz Alexander. 'Functional Disturbances of Psychogenic Nature.' *The Journal of the American Medical Association*, 1933, Vol. 100, pp. 469–473.

This paper was read at a meeting of psychoneurologists in America. One of Dr. Alexander's objects was to plead for more critical and scientific thinking, in regard to organic symptoms due to psychomotor action. He points out that psycho-analysis can supply as precise a description of psychic mechanisms as pathology can of the physiological changes which may result.

He says that a 'functional disturbance' differs from a psycho-physiological process, in the incompleteness of its expression of unconscious emotion and relief of tension. In several cases of functional stomach troubles he has been able to distinguish specific tendencies closely related to those functions. Repressed claims of a receptive nature, i.e. to be loved, to be fed, give rise to a chronic unconscious psychic stimulus to the stomach through the autonomic nervous system, causing hypersecretion and hypermotility which may result in organic changes such as peptic ulcer.

In conclusion he emphasizes the specific nature of unconscious factors, and the tendency of unconscious processes to find bodily expression through the autonomic nervous system. Finally he compares the deviation of a psychodynamic quantity from somatic to autonomic discharge, to a political revolution following a military defeat.

H. G. Williams.

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Leo Kessel and Harold Thomas Hyman. 'The Value of Psycho-analysis as a Therapeutic Procedure.' *The Journal of the American Medical Association*, November 18, 1933, Vol. 101, No. 21, pp. 1612–1615.

This paper gains in significance by the fact that the authors, internists with a varied general practice, have referred patients to accredited psycho-analysts in New York City and now try to evaluate the results obtained by the psycho-analytic therapy. In a period of twelve years they have submitted thirty-three patients to a more or less complete analysis, and their study is based on this number of cases. In the completed cases the patient attended hourly visits from three to five times a week over a period of time extending from six to twenty-four months and usually averaging sixteen months.

The authors are not impressed with the theory often advanced by analysts that the patients who make no economic sacrifice are less co-operative than those who do make an economic sacrifice. The cases treated are classified in four groups :—

Group I. Frank psychoses (schizophrenia, manic-depressive insanity and the symptomatic psychoses).

Group II. Behaviour problems and maladjustments.

Group III. Simple neuroses and psychoneuroses (various anxiety and compulsion states).

Group IV. Visceral symptoms of a functional nature (neurosis actuelle-conversion hysteria, autonomic imbalance).

Psychotic patients were promptly referred to the analyst, but without any satisfactory results. But patients in the other groups were not referred to the analyst until the authors were ' driven to that procedure by a process of exclusion. In consequence, a result in the latter three groups is a commendable and specific triumph for the analytic method '.

The results are evaluated as follows : *Specific*—if the results could have been obtained in no manner other than by psycho-analysis ; *Unsuccessful*—if the symptoms continue after the analysis, if the patient discontinued the analysis, or if the patient was compelled to alter his way of life as a confession of an inability to make an adjustment ; *Good but Non-specific*—when in addition to the analysis the patient's way of living was altered in a none too radical way.

(1) *Bad Results* (16 cases, 49 per cent.).

(*a*) Suicide (1 case, 3 per cent.). Manic-depressive psychosis.

(*b*) Commitment (6 cases, 18·5 per cent.). Three cases of schizophrenia and 3 of manic-depressive psychosis.

(*c*) Failures (6 cases, 18·5 per cent.).

(*d*) Change in marital status (3 cases, 9 per cent.). ' As the reason for undergoing analysis by all three patients was to adapt themselves to a situation, we regard the divorce as evidence of failure of the method '.

(2) *Good Results with Qualifications* (4 cases, 12 per cent.).

These patients were relieved by analysis plus sexual liberation (extra-marital intercourse).

(3) *Satisfactory Specific Results* (13 cases, 39 per cent.).

(*a*) Specific cures (5 cases, 15 per cent.). They were all below the age of thirty, of the intellectual class. Only in one of the cases was the expense an economic sacrifice.

(*b*) Good results (5 cases, 15 per cent.). These patients were helped but remained ' unstable but so situated in life that they have been subjected to no stress or strain '.

(*c*) Behaviour problems (3 cases, 9 per cent.).

The authors are disappointed as far as the individual patient is concerned. ' In twelve years we have seen only a handful of patients who have benefited from their experience '. However, they believe that analysis offers the only intelligent approach toward the successful management of

many psychiatric problems, and that it has ' widely influenced one's manner of thinking and one's approach to many of the problems that one meets in everyday practice '.

This valuable study can be criticized both as to grouping of cases and as to concept of cure or aim of analysis. However, this is well done in an editorial in the same issue of the journal (to be abstracted).

P. Goolker.

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Gustavo Berger. ' Contributo alla psicoanalisi dei tuberculotici ' (' Contribution to Psycho-Analysis of Tubercular Patients '). *Rivista di patologia dell' apparato respiratorio*, 1933, Vol. II, pp. 1–3.

In the psychic structure we must consider tuberculosis as one of the factors as well as age, profession and constitution. In patients condemned for many years to inactivity in a sanatorium a certain psychic state is to be found. Berger analysed a great number of tubercular people, chiefly males, who were in sanatoriums, and in different layers of the psychic structure he found elements for which the tuberculosis would certainly account. At the beginning of the disease, especially if it is of sudden onset, there is found a marked depression which, although justified by the illness, receives an exaggeration by the patient. Then, after the diagnosis is confirmed, there appear distinct neurotic symptoms which often increase during the stay in the sanatorium : the patients become ill-humoured, irritable, egotistical in their behaviour, psychically labile, either of childlike optimism or of negativism with persistent lamentations. The analysis proves that there are disturbances of the libido : religious ecstasies demonstrate the driving for sublimation of the sexual instincts, infantile love for objects and narcissism are signs of regression. It is difficult to separate tubercular neurosis from hysteria : to the latter belong restriction of consciousness, dissociation of personality and ' mitomania ', that is, imitation of organic symptoms like coughing, fever, hemoptisis. Hysteria itself creates the syndrome ; tubercular neurosis increases and changes the organic disturbances, for it belongs to the traumatic neurosis (Kraepelin). Tubercular neurosis depends upon a conflict which carries on the overcoming of the regressed libido by aggression instincts. In this way there results a rebelling, discontented behaviour against the world or a kind of slow suicide by disobedience of medical orders. Here the analysis can have a saving effect.

Käthe Misch.

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Gregory Zilboorg. ' Anxiety Without Effect.' *The Psychoanalytic Quarterly*, January, 1933, Vol. II, No. 1, pp. 48–67.

An anxiety reaction consists of three components, ideational content,

motor reaction and feeling tone (effect). One or several of these may be in the foreground of a neurosis. One combination appears unthinkable, i.e. the breaking through of ideational content and motor expression without the effect involved. A case is cited which seems to contradict this generally accepted opinion.

A medical student had been in analysis fourteen months, during which time he tenaciously resisted facing his anxiety. The personality was profoundly passive. Moods fluctuated imperceptibly, if at all. There was a chronic standstill of effectivity both within and outside of the analysis. One day while at a lecture, he had a momentary ' peculiar reaction ' which was described as a sort of tightness in his scrotum and the ' pilimotor muscles ' of his pubes. This arose from a stimulus to his unconscious passive homosexuality in a clinical demonstration. The situation was then related to the analyst and the same reaction repeated. He became aware that this had to do with his father approaching him with a knife which had occurred at the age of six or eight. The patient did not feel afraid when telling this, his heart beat fast, he ' had to ' breathe rapidly, his muscles were sort of tremulous and ' that was all '. After this incident, the analysis resumed its routine of monotony. The same phenomenon was repeated in several dreams at this time.

In spite of its presence in consciousness, castration anxiety seems to have been isolated by being made foreign to the ego. The method is to step out of the picture and watch the whole scene as an outsider. This appears to be a primitive response to an inordinate increase in tension. To ward off anxiety, the reality of the conflict must be denied. We then have a biological reaction devoid of psychological content. This sort of behaviour seems to usher in many catatonias. There is a pre-stuporous phase of transient shallow anxiety in which the effect is incomprehensibly concealed. Then there follows a very slow dissolution of the ego marked first by a sense of estrangement from the world and later by perceiving one's feelings as foreign to one's self. The effect does not disappear, it is withdrawn from the ego. It would seem that this patient handles his anxiety along these lines and that a psychotic solution of his conflict is most probable.

Leonard Rothschild.

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Lic. H. Daxer. ' Mergitur nec mersabitur.' *Internationale Zeitschrift für Psychoanalyse*, 1932, B. XVIII, pp. 539–542.

The author summarizes the views expressed by Karen Horney in her paper ' Angst vor der Frau ' (*Internationale Zeitschrift für Psychoanalyse*, XVIII, pp. 5–18, INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. XIII, pp. 348–360). He agrees with the distinction she draws between

castration anxiety and anxiety directly connected with the vagina, but is not satisfied with the description of this latter anxiety as due to a threat to the boy's self-feeling, a dread of being laughed at because his penis is so small. He considers that the little girl's self-feeling is just as much, if not more, threatened in her relation to her father and suggests that the discrepancy in size between the infantile penis and the maternal vagina gives rise to dread of death by sinking, drowning or completely foundering in the mother's body. These fears of death are analogous to the girl's dread of being torn in pieces or burst by the large paternal penis and differ only in the form of death which is feared. He cites two of a patient's dreams (in one of which occurs a revealing modification of the title phrase) which not only render clear, at any rate in this instance, the ' drowning ' character of the anxiety, but also shew how closely it is associated with dread of the father, though dread of the mother appears to be more profound than castration anxiety.

Marjorie Brierley.

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Clifford Allen. ' Some Experiments in Reinforcing Mental Analysis in Cases of Psychosis.' *British Journal of Medical Psychology*, Vol. XIII, Part II, p. 151.

After an introductory period of free association each of four patients was instructed to repeat, when in an hypnoidal state, formulæ which expressed certain of his unconscious phantasies or rationalized the cause of his illness. The clinical changes which immediately followed these suggestions included both increase and decrease in manifestations of anxiety and regression. It was concluded that appropriately chosen suggestions exerted a favourable influence on the course of the psychosis.

P. Middlemore.

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Felix Deutsch. ' The Biology and Psychology of Recovery from Illness.' *Internationale Zeitschrift für Psychoanalyse*, 1933, Vol. XIX, pp. 130–146.

Stimulated by the work of Ferenczi and Groddeck the author postulates (1) that in every organic illness there is a miniature neurosis, (2) that the instinctual forces of the unconscious furnish the basis for the particular course of the organic illness, and (3) that analysis can grasp and explain those mental processes which change the modalities of the illness in the organic sphere. The clinical part of the paper, one quarter of the whole, mentions the improvement in the symptoms of certain illnesses (shaking palsies, asthma, angina pectoris, etc.) when the neurotic anxiety and

guilt are relieved. The gap between the theoretical formulations and the case material is not dealt with at any length. The paper ends with a consideration of castration anxiety and fear of the pangs of death.

John Rickman.

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CHILDHOOD

Sándor Ferenczi. ' Ein kleiner Hahnemann.' *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 169–175.

This is a reprint of the well-known paper first published in 1913. It describes the analysis of a five-year-old boy whose main interests are hens and cocks. These represent for him the parents and himself.

Melitta Schmideberg.

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Heinrich Meng. ' Psychoanalyse und Heilpädagogik.' *Zeitschrift für psychoanalytische Pädagogik*, Jg. VII, S. 176–183.

Meng shows in a popular lecture the importance of psycho-analytic understanding and of child analysis for curative pedagogy. He gives a short description of both methods of child analysis, that of Melanie Klein and of Anna Freud.

Melitta Schmideberg.

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Hans Zulliger. ' Psychoanalytische Hilfe bei Erziehungsschwierigkeiten.' *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 184–205.

Zulliger got a good result by transference treatment, based on analytic knowledge and combined with some interpretations of superficial type in the case of two difficult children, aged eleven and fourteen.

Melitta Schmideberg.

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Editha Sterba. ' Ein abnormes Kind.' *Zeitschrift für psychoanalytische Pädagogik*, Jg. VII, S. 5–38, 45–82.

The unusually interesting case of a psychotic boy of five. His precocious intellectual development, lack of normal child-interests, grandiose ideas about being an adult served to avoid the dangerous situation of being a child. He was unable to pronounce ' I,' ' you ' and the names of bodily parts—his lack of interest in concrete things was connected with this—because by doing so they would become real, and if real could be destroyed. His speech idiosyncrasies and word tabooes were caused by his belief in the magic power of words and by connection with obscene words. One

becomes what one says. In times of narcissistic regression he lost the connection between the sound of a word and its meaning. His anxieties about spray apparatus, leather tubs, and keyholes were determined by genital castration anxiety. His ideas about being a girl are regarded by the author as a flight from castration anxiety, and his phantasies of having children as an over-compensation for the hostility towards his younger brother and as an aggressive reversion of the parent-child relationship, not as homosexual identification with the mother.

The importance of the transference situation is shown, and the rôle of the narcissistic and secondary gains of illness stressed. The analysis of his rivalry towards his brother, his hostility towards his mother for the frustration of his oral and genital love wishes, his dread of her caused by various threats, his sexual impulses and curiosity, his genital castration anxiety and his anxiety about other parts of his body is reported in full detail. Analysis of his homosexual attitude, of his rivalry and anxiety towards the mother resulting from the latter, of his paranoid anxiety, of his deeper anxiety situations and of his relationship to the father (both the inverted and normal) is not mentioned at all.

The following factors are regarded as traumatic : weaning, birth of a younger brother, seduction by a maid and a painful course of treatment of his ears. He showed overwhelming anxiety about doctors before this last painful experience.

The treatment which lasted two years and brought about important improvements was helped by various pedagogic measures (kindergarten, Montessori school, a special teacher looking after him, temporary change of environment). In the actual treatment Dr. Sterba made ample use of ' active therapy ', pedagogic and suggestive measures. Thus she threatened to be angry or to stop treatment if he did not accept her interpretations, if he went on showing anxiety, if he did or did not do certain things. She also threatened to treat him as a lunatic if he maintained any longer that a certain child was his child. She fought his grandiose ideas by proving to him that he was unable to do certain things. She maintained that she was a magician. She bought a spray apparatus in order to confront him with the object of his phobia.

Melitta Schmideberg.

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Else Fuchs. ' Neid und Fressgier.' *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 220–223.

A boy of six developed insatiable greed for food and the habit of eating inedible things as a reaction to the pregnancy of his mother. As a result of transference treatment combined with some superficial interpretations this symptom disappeared.

Melitta Schmideberg.

Anni Pörtl. 'Verspätete Reinlichkeitsgewöhnung.' *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 224–232.

A very inhibited five-year-old boy suffering from wetting, incontinentia alvi and eating difficulties improved very considerably in the kindergarten.

Melitta Schmideberg.

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Karoline Pensimus. 'Folgen der Entrechtung.' *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 233–242.

A boy of four and a half living in very unfavourable surroundings alternated between inhibited and aggressive attitudes. He improved while he was staying at the kindergarten.

Melitta Schmideberg.

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David Levy. 'Use of Play Technic as Experimental Procedure.' *American Journal of Orthopsychiatry*, Vol. III, No. III, July, 1933, p. 266.

Dr. Levy reports his experiments in the use of play technic with children having younger siblings. The ten children studied had been referred for serious deviations in behaviour. The situations in the play were arranged to encourage the expression of sibling rivalry by the use of dolls representing those involved in the situation—namely, the mother, the baby and older child. Through playing a game of nursing of the baby by the mother, the child being examined identifies himself with the older doll and the expression of his hostility comes to light frequently in violent or destructive manifestations against the baby or the mother.

Dr. Levy quotes statistics to shew the frequency of sibling rivalry in normal groups, but concludes that in larger families there is a diminished percentage of rivalry frequency. Five cases are cited in which the play technic exerted favourable influence in the adjustment of the child's problems through offering opportunity to release the repressed hatred.

Samuel Z. Orgel.

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Herta Fuchs. 'Probleme der heilpädagogischen Kindergartengruppen.' *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 243–250.

The author shews how the difficulties of children can be diminished by providing them with opportunities for gratification and reassurance suited to their individual needs.

Melitta Schmideberg.

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Margarethe Schmaus. ' Bravheit und neurotische Hemmung.' *Zeitschrift für psychoanalytische Pädagogik*, 1933, Bd. VII, S. 129–139.

A neurotic and inhibited boy of four and a half shewed marked improvement after two years in a Montessori nursery school.

Melitta Schmideberg.

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Hilde Fischer. ' Sehnsucht und Selbstbefriedigung.' *Zeitschrift für psychoanalytische Pädagogik*, 1933, Bd. VII, S. 140–144.

A four-and-a-half-year-old girl developed excessive masturbation as a reaction to the leaving of her nurse. She gave it up almost entirely after acquiring new love relationships.

Melitta Schmideberg.

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Applied

R. Money-Kyrle. ' A Psycho-analytic Study of the Voices of Joan of Arc.' *British Journal of Medical Psychology*, 1933, Vol. XIII, pp. 63–81.

Money-Kyrle distinguishes four characteristics of Joan's voices (they told her to be good, imposed a task of restitution, promised comfort, and drove her to her doom) and attempts to correlate them with four aspects of the super-ego. In the last section he suggests that the hallucinatory intensity of the apparitions which accompanied the voices may have been due to their association with a ' primal scene '.

R. Money-Kyrle.

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C. C. Fagg. ' Psychosynthesis on Evolution in the Light of Freudian Psychology.' *British Journal of Medical Psychology*, Vol. III, Part II, p. 119.

The author considers certain structural variations and metabolic reactions in protozoa and the simpler metazoa to be analogous to man's psychological processes of ego development and defence.

The Œdipus situation he regards as one manifestation of a universal tendency towards gametic segregation.

When, as a result of such segregation, there develop two types of man, the one chiefly characterized by anabolic and the other by katabolic tendencies, he looks forward to the emergence of a superman—a product of the union of unlike gametes.

This being shall be capable of progressive evolution by virtue of an optimum balance maintained between anabolism and katabolism, anal and urethral erotism respectively.

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Hans Kelsen. 'Die platonische Liebe.' I und II. *Imago*, 1933, Bd. XIX, S. 34–98 und S. 225–255.

The Eros problem in platonic research is here recognized to be that of abnormal homosexual love, particularly as between man and man, the well-known pederasty of ancient Greece. As is shewn by numerous quotations from his works, not only had Plato no understanding of woman, but love for a woman must have been absolutely foreign to him. When he accorded love so central a position in his works he had in mind homosexual love exclusively, and certainly not only the form of love we call friendship, but physical love, even when allied to highly spiritual conceptions. These views not only brought him into conflict with the Doric and Spartan cultures and with society as a whole, but also involved him in a moral conflict within his own person. This latter conflict drove him to an expansion of the Eros problem in the sublimated form of 'generation through the soul', and to an idealized conception of chastity, which he perhaps saw personified in Socrates.

The author shews us further how this instinct in its sublimated form as a hidden 'will to power' influenced Plato's philosophy in the Paedeia and Politeia, in which he saw himself as ruler. The inhibitions arising out of the moral conflict prevented Plato throughout his life from taking any active part in the destinies of his native land, and forced him into the realms of thought and philosophy instead of into those of action in which he would have taken greater pleasure.

W. Schmideberg.

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Walter Muschg. 'Dichtung als archaisches Erbe.' *Imago*, 1933, Bd. XIX, S. 99–112.

The author maintains that every great piece of literature is derived, as is the dream, from the unconscious, the archaic source, which alone is to be esteemed. He compares poetic composition with the growth of the pearl in the oyster, human fate being the shell, the poem the pearl.

W. Schmideberg.

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Manfred S. Guttmacher. 'Psychiatry and the Courts.' *American Journal of Orthopsychiatry*, April, 1933, p. 161.

The difficulty in the efficient administration of psychiatric work in the courts lies in the Insanity Code. In most of the United States the law considers the ability of the accused to distinguish between right and wrong and to understand the nature and consequences of his act as the sole test of insanity. Dr. Guttmacher calls this definition ridiculous, since no species of mental disease can be clearly circumscribed by words that will

fit all cases. Mental disease is the peculiar reaction of the individual's personality to the total situation.

The author recommends complete psychiatric clinics in conjunction with adult and juvenile courts as well as penal institutions, and that psychiatrists act as medical officers. A psychiatric examination should not be confined merely to cases where frank insanity is suspected but where personality distortion exists.

The division of state hospital systems devoted to ' criminally insane ' should be under the directorship of the court psychiatrists, who should make intensive studies of difficult cases and report their findings.

The error has been that law has concerned itself with concepts of diagnosis rather than those of treatment. Penal institutions need psychiatrists to function as therapeutic agents rather than to classify prisoners.

The author believes that law can only be liberalized through the vehicle of psychiatry. He enumerates the noteworthy results obtained with delinquents by Alexander, Aichorn and Hartwell, who used various analytic techniques, and evaluates Bond and Appel's method of changing the environment. He feels that more work is needed under rigid scientific control before any one method is selected. Dr. Guttmacher does not subscribe to Dr. Alexander's doctrine that most criminals owe their illegal activities to unconscious conflicts.

Samuel Z. Orgel.

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Sandor Lorand. ' The Psychology of Nudism.' *The Psychoanalytic Review*, April, 1933, Vol. XX, No. 2, pp. 197–207.

A questionnaire sent out by a publishing company to obtain opinions of psychiatrists concerning nudism and its beneficial effects was the stimulus for the paper. The book was published and numerous psychiatrists and psychologists were quoted as endorsing the educational benefits and therapeutic effects of nudism.

The author makes general observations on the effects claimed for nudism in neurotic disturbances and especially sexual difficulties.

One of the author's patients, a nudist, became depressed and panicky when she read about a raid on another nudist colony, and for this reason she had to come to analysis. Another case concerns a brother and sister who had for years taken exercises, baths and spent their summer vacations nude with their mother, also a nudist. They developed neurotic difficulties and conflicts concerning their masturbatory activities.

The roots of the development of exhibitionism and scotophilia in general are discussed. A special emphasis is laid upon the earliest sources in childhood curiosities about sexual differences and childbirth. The strong exhibitionistic and scoptophilic tendencies and their connection with the Œdipus conflict and castration complex in the cases cited are discussed.

The author does not contend that nudism is harmful, but tries to shew that neurotic tendencies and sexual difficulties are too deeply rooted to be beneficially influenced by nudistic practices. Even the claim that the exposure of children to nudism has beneficial effects on their healthy future development is very doubtful.

Sandor Lorand.

BOOK REVIEWS

Social Development in Young Children. By Susan Isaacs. (George Routledge & Sons Ltd., London, 1933. Pp. 456. Price 15*s.* net.)

This is an extraordinarily good book. It is so rich in content that it becomes hard either to describe it or to praise it without making extensive quotations.

The book is not in any sense a popular exposition. It is addressed to the scientific public, particularly to serious students of psychology and education. In other words, it is a very valuable contribution to educational psychology, one well worthy to rank with Mrs. Isaacs' now famous *Intellectual Growth in Young Children.* It is in fact a direct counterpart of the latter volume, the second of a trilogy the authoress is planning, and is largely based on the same clinical material as that was.

Without argument, and by sheer industry, Mrs. Isaacs is helping to remove the reproach—never very much justified—that it is impossible for students to disengage psycho-analytic data from psycho-analytic interpretations. She goes so far in making concessions to this would-be scientific criticism as to propose publishing a third volume taken up with *Individual Histories.* More than ever will one now be able to retort that such criticism is not merely misdirected, but is a sign of sheer ignorance.

Of the present volume half consists of data alone with no comment whatever. Most of this was obtained from systematic observation of thirty-one children from her Malting House School for over three years. This has been amplified by a mass of other material she has personally collected. In addition she makes considerable use of Katherine Bridge's extensive collection of data, though she does not agree with the latter's distinctly limited conclusions. After a short introduction, the records of data are given in a highly classified form under such headings as ' Family Play ' ; ' Exhibitionism ', (*a*) Direct, (*b*) Verbal ; ' Group Hostility ', (*a*) To strangers, (*b*) To adults, (*c*) To younger children, etc.

Most of the rest of the book is ' The Theory of Development '. The previous headings are taken one by one and the data fully expounded. This is done with the fullest knowledge and understanding ; modern points of view derived from early child analysis being taken fully into account. It concludes Part One, on the ' Psychological Data '.

Part Two, ' The Education Problem ', short as it is (only some fifty pages), is perhaps the most valuable and original part of the book. It is written with penetrating understanding and a superbly balanced judgement. Mrs. Isaacs shirks no problem in the child's early development, is

never content with any generality, but always deals concretely and fully with the various questions and difficulties that beset parents and educators. Her key-word is the laying of emphasis ' on technique rather than morality'. One might have liked a more human word than technique, though it is not easy to better. In this connection she well writes ' We have seen how profound a drive towards morality the child has in his own nature. We have not to *create* this in him. What we have to do is to shew him how to attain his moral ends in the real world. We have to give him the skill which makes possible an effective morality, and the psychological conditions which will foster his own seekings for such skill. In so far as he needs our help towards a change in his moral values, it is towards making him more tempered, more humane, more secure in a world of real values '. I do not know anything more precious in all pedagogical literature than this concluding section of a remarkable book. Mrs. Isaacs has once more placed parents, educators and psychologists under a deep debt of gratitude.

E. V. J.

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Der Unbekannte Mörder. By Theodor Reik. (Internationaler Psychoanalytischer Verlag, Wien, 1932. Pp. 182. Price M.7.)

While we cannot expect that those whose function in our society it is to investigate crimes and determine the guilt or innocence of those accused of them will exactly relish the many comparisons which this book draws between their own activities and those of the primitives of Central Australia and elsewhere when confronted with similar problems, we should be surprised if the book should not prove to be a source of passim pleasure and instruction to psycho-analysts, criminologists, jurists, anthropologists, and, indeed, to all serious students of the mental sciences. (Less exalted, but numerically superior, the writers and readers of detective fiction may be tempted on the strength of a complete chapter on Van Dine's Canary Murder Case to hear what an analyst has to say about the unconscious sources of their own special interest.) The material to which the psychoanalytic microscope is here for the first time applied possesses of itself an unusual fascination, the results reached are both illuminating and suggestive, and analysts, at any rate, may well feel gratified at the persistent expansion of their science, of which this book is but a further example.

It is not often that direct evidence is available to convict a criminal. Besides, human testimony is notoriously unreliable in these matters, far more so, apparently, than that of inanimate objects (sachliche Indizien), e.g. shadows on a photograph, cigarette ends, etc., etc. Delving into anthropological and folkloristic sources, the author finds there many interestingly close parallels with the modern utilization of this material. Thus, to take but one example out of many, our Holmses and Poirots and

Lord Peter Wimseys view the body and draw inferences as to the undiscovered murderer from it. So too did their primitive forbears, e.g. the body of the victim would begin to bleed if the murderer approached it. But the modern applies rational scientific principles to his material, the primitive establishes magical connections. It is the whole difference between the animistic and the scientific conception of the world. Yet the former still lives in the unconscious.

The indicia of crime (primarily murder) in primitive society are twofold. They consist either of signs on or about the body of the victim or of signs connected more or less directly with the person of the criminal. The former class is primary, investigation shewing that they are regarded as essentially the victim himself—it is he who, like the ghost of Hamlet's father, reveals his murderer. Probably the second class of criteria came into existence by a sort of process of infection. The primitive who throws away his death-dealing blood-spattered weapon to escape the vengeance of the ghosts of his slain enemies lives to-day in the criminal who does the same thing for fear of the police (incidentally presenting them with a clue). The traces left by him are parts of himself, and by means of them he can be magically attacked, or his guilt can be magically determined. In the ordeal, of which the ' oral ' type is taken as a representative example, it is shown by analysis that the poison or other substance taken is a part of the victim. Here, then, the two classes of indicia would seem to meet.

In an exceedingly interesting chapter—' die Kraniche des Ybikus und die Fliegen des Mr. Breese '—the author attempts to elucidate the mental processes in Inspector Smith, whose deductions as to the murderer of Mr. Breese proceeded from the observation of dead flies on the window-sill in the gas-filled room in which the American millionaire was found dead. In appearance, the operation is a purely conscious intellectual deductive process. In reality, the essential part of the process took place in the unconscious of the Inspector, on lines similar to those operating in the psychogenesis of wit, and proceeding from a primitive unconscious identification of Mr. Breese and the flies. The part played by logic in the work of detection is exaggerated and misunderstood.

Questions of motive (psychologische Indizien) have ever played a considerable part in determining guilt. Yet here more than anywhere error is liable to creep in. The primitive equivalent of this evaluation of motive again follows magical lines. The murderer-magician is someone who harbours hostile wishes against the victim, and these have the power to kill. The persistence of this belief in the omnipotence of thought is decisive for countless judicial murders, which are thus seen to be based on *a confusion between psychic and material reality*. Often psychological considerations may appear not to enter into a judgement or direction of the judge ; yet it is these which secretly condition it. The whole of the indicia can

then take on the character of a system, analogous to obsessional and paranoiac formations. A further contribution to a distortion of reality of this kind derives from the nature of this reality itself, which may be or represent something unacceptable, and so require to be repressed.

The following enumeration will, it is hoped, cover the author's conclusions on this subject. Judicial errors arise mainly from

(1) Unconscious recognition of the nature and strength of unconscious hostile wishes in the accused and unconscious belief in their omnipotence. This may be greatly facilitated by the accused's own unconscious guilt, or rather its manifestations.

(2) Repression of the true facts.

(3) The avoidance of the narcissistic injury to phantasied omnipotence implied by failure to find a solution, and the check to the sadistic drives which find expression in the work of discovering the criminal. ' The chain of proof is to a certain extent a provisional substitute for the prisoner's chains '.

(4) The compulsion to find some solution as a reassurance that magical omnipotent factors have not been at work, and more specifically that ' my ' hostile intentions have not been omnipotently fulfilled (cf. the chapter ' Die Unheimlichkeit des unaufgeklartes Mordes). In final analysis this compulsion proceeds from the anxiety aroused over a murder as a defence against the repressed tendencies which it has mobilized.

The author devotes one chapter of forcible argument against the utilization of psycho-analytic knowledge in the determination of guilt. This would be but to open the gates wider to the confounding of psychic and material reality. Certainly it is desirable that judges and magistrates should be schooled in scientific psychology—with a view to making them realize how unreliable is the material on which they base their conclusions.

Two other lines of thought should be mentioned. The first concerns those indicia which come into existence owing to an ' oversight ' on the part of the criminal, and represent unconscious expiatory and self-punishment processes in him. An interesting chapter throws some considerable light on the tendency of the criminal to revisit the scene of the crime.

The second deals with the repetition of the original offence in the institutions concerned with its elucidation. This breaking through of the repressed tendencies is evident in the ' oral ' ordeal, and when this takes a collective form, as it sometimes does, the similarity to the sacrificial killing and eating of the totem animal is unmistakable. The same phenomenon, the author suggests, is present in modern criminal procedure, though here the rôles are distributed (the prisoner nevertheless still playing the chief one) and words are substituted for acts.

In addition the book contains numerous stimulating isolated observations which could form starting-points for further research, while rich illustrative clinical and other material forms a solid foundation for the conclusions reached.

It would be idle to pretend that every obscurity presented by the complicated material examined is fully illuminated, but the way has been opened up sufficiently to make further neglect of this field inexcusable. By way of criticism we would venture to suggest that here and there a line of inquiry could have been more effectively and profitably followed up in an independent publication (e.g. the suggested relationship between expiation and repetition in the chapter ' Keine Sühne ohne Wiederholung der Tat ').

Finally we would say that this book shews conclusively that an understanding of psycho-analysis is as indispensable to the student of legal history and institutions as it is to the anthropologist. The application of its methods to the civil law and to particular doctrines within it (e.g. liability for dangerous things) can be but a matter of time. Indeed the author's remarks in this JOURNAL on the subject of the insurance contract and the phenomenon of legal verbiage already constitute a step in this direction.

H. Mayor.

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Abnormal Psychology : Its Concepts and Theories. By H. L. Hollingworth. (Methuen, London, 1931. Pp. 556. Price 15*s.*)

The author approaches the subject of abnormal psychology as a ' scientific student of mind as a natural phenomenon. . . . From this point of view the concepts are as important as the patients or individuals to whom they apply. . . . Perhaps it can be hoped that if attendance upon the psychopathic equips one for the report of cases and the discussion of therapy, the account of concepts can be safely undertaken by one chiefly occupied with them ' (p. vi.).

Two interesting but highly questionable assumptions are clearly implicit in this approach : One that the therapist has not shewn himself competent to systematize his own material. The other that the outside thinker, not immersed in that living work from which concepts arise, is competent to order and evaluate them. Hollingworth claims for himself as an outside thinker the right and the ability to select and reject, and he illustrates this by the play he makes with the conclusions of Freud, Janet and other workers. This scene-shifting of ideas is held to be more ' scientific ' than the work of the clinician and therapist, apparently just *because* the various notions examined are not born from the author's

personal experience with human beings, but are mere puppets or counters for his systematizing purpose.

The main intention of the book is to attempt to organize those facts of mental abnormality which seem to the author well founded around the intellectual principle of ' redintegrative sequence '. ' Mental activity, whether normal or abnormal, is seen to be characterized, in its most general terms, by the redintegrative sequence. Partial stimuli now occurring function for former antecedents of greater complexity. This is the general pattern of mental activity. Two aspects of such processes we designate " learning " and " sagacity ". We have, in other connexions utilized these principles in the account of normal mental development, and in the survey of general or systematic psychology. That these concepts give such insight as they do into the field of abnormal psychology as well, we take to be only a further indication of their appropriateness to the description of mind, wherever found ' (pp. vii.–viii.).

Many of the chapters dealing with specific subjects provide a valuable survey of facts and theories—for instance, the study of feeble-mindedness, or that of aphasia and asymbolia. The real interest of the book lies, however, in its treatment of the neuroses and psychoses.

One of its striking characteristics is the complete change of tone which appears almost every time the author makes a reference to psycho-analysis. In discussing the multitude of other views and other subjects which he covers, he is on the whole measured and dispassionate, but the prejudices and emotional attitudes which he brings to the field of abnormal psychology lie sufficiently near the surface to poke through only too plainly whenever he mentions the name of Freud or any of his pupils. His most restrained passage is at the beginning of the chapter on the ' psychoanalogica approach ' (his own term for what he says ' is sometimes meaninglessly called the psycho-analytic ') which runs as follows : ' Its terms are usually psychological in character, but they relate to *inferred* rather than to *observed* influences and processes. Its concepts tend to become *animistic, personified,* and to include also various conjectured or speculative agents and activities which are incapable of verification by the canons of experimental science ' (p. 125).

Elsewhere, however, he fails to distinguish between argument and mere abuse. ' The cult of psycho-analysis, especially in its popularized forms, is chiefly a system of dogma and ritual akin to astrology and the ancient systems of demonology ' (p. 5). In quoting in this chapter a paper by Ernest Jones he says : ' So much for the *alleged* facts.' (Reviewer's italics.) After some discussion of Jones' interpretations of the case given, he goes on :

' Cannot we dispense with the unconscious and the Œdipus complex and projection as easily as we can dispense with fairies, demons and Santa Claus ? ' (p. 135).

practical guide of great value to the present generation of physicians. The author notices in his preface that the vacuum which existed in his student days still persists—no instruction is to-day given to medical students in the psycho-physical processes of sex, possibly because at the medical schools there is no one effectively able to give it. One of the results is that the intelligent layman is often more informed than the doctor whom he consults ; the former recognizes there is a problem, the latter may wish to deny that there is a problem at all. For instance, adolescents sometimes seek advice about masturbation, as do parents on behalf of their young children, too frequently to be put off with a homily or with the schoolmaster's counsel of games and cold water. Those who read their Havelock Ellis will have definite material upon which to base their advice. They will recognize masturbation in childhood as a part of sexual development and will be able to differentiate between this ordinary manifestation and obsessive masturbation in children and adolescents. It would seem that Havelock Ellis recognizes that the feeling of guilt about masturbation in children as well as in their parents and their doctors is due to unconscious attempts to overcome the aggressive impulses rather than to repression of the libidinal desires. He concludes that ' in the case of moderate masturbation in healthy, well-born individuals, no seriously pernicious results necessarily follow '. He would indeed probably agree that harm is done by attempts to stop the ordinary masturbation of childhood. Psycho-analysts are in complete agreement with Havelock Ellis and would, of course, subscribe to his statement that the child's normal sexual activities are not to be regarded as perverse. His objections to Freud's term for these as ' polymorph-perverse ' would hold if Freud had not meant this to be a purely descriptive term ; what would be regarded as polymorph-perverse in the adult is normal in the child. However, since the term seems to lead to misunderstanding and since it has perhaps done its work in directing attention to the sexual activities of the child, the term could with advantage be dropped. In a concise handbook such as this there are bound to be statements of opinion which seem to require qualification. On the vexed question of homosexuality, Havelock Ellis maintains (p. 208), ' Congenital sexual inversion is an anomaly, an inborn variation of which we are beginning to understand the causes ; it is, even when extreme, only pathological in the same sense as colour-blindness or albinism or transposition of the viscera is pathological '. This position does injustice to the psycho-analytic work of the last decade ; I think a study of this literature would modify the author's rather too dogmatic statement. The recognition of the power of the aggressive impulses in childhood and the rich life of phantasy even of the infant has thrown further light upon this subject (as well as upon many other questions) demonstrating what are the factors in homosexuality

(male and female). The success of therapy is of course not a criterion of the theory, but I am rather surprised to learn that there is a ' tendency among psycho-analysts to recognize that when the state of inversion is fixed it is useless to apply psycho-analysis in the expectation of a change of sexual direction '. Analysts recognize that there must be sufficient drive for anyone to submit to the treatment, but that is general for homosexuality no less than for psychic illness. It is to be hoped that Havelock Ellis's renewed plea in favour of abolishing the punishment of homosexual acts as indeed of ' sexual offences ' in general may be soon successful.

The author offers sound practical considerations for the guidance of physicians who may come across homosexuality or any deviations from what is so ignorantly called the norm. The chapter on marriage and the art of love will be read with profit by all. We are glad to have Havelock Ellis's support in discountenancing sterilization for the treatment of psychic conditions ; a method which has been recently advocated, but which is on a par, so far as those ills are concerned, with the long discarded operation of clitirodectomy. But we should like to ask the writer why it is legitimate to regard contraceptive methods with disfavour ; as he himself remarks that not even the most recognized methods of sexual intercourse can well be described as ' æsthetic .' If there is among the intelligent public (excluding physicians) a more enlightened attitude towards sex and a more tolerant attitude towards its deviations and variations we owe the change, in the English-speaking countries at any rate, to one man—to Havelock Ellis, who, by reason of his double claim to fame has won the love of readers who first came to him in admiration of his wide services to English literature and followed him in his pioneer scientific studies.

M. D. Eder.

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The Sexual Side of Marriage. By M. J. Exner, M.D. (George Allen & Unwin Ltd., London, 1933. Pp. 252. Price 6*s.* net.)

It is becoming recognized that the majority of failures in marriage are not so much the result of incompatibility of temperament as incompatibility of sexual temperament ; if full sexual satisfaction is obtained by both the woman and the man other incompatibilities become unimportant. That is, we know, exacting a good deal, but according to the statistics quoted by the author the majority of marriages in the United States turn out satisfactorily. He reproduces the results of *A Thousand Marriages*, by Dr. R. L. Dickinson and L. Bean, reviewed in this JOURNAL (Vol. XIII, p. 381) as well as a questionnaire by Dr. G. V. Hamilton and Dr. Kathleen B. Davis.

In the chapter on sex factors in maladjustments the author deals

particularly with the difficulties that arise in the sexual relationships of married people and points out how these difficulties may be overcome.

The psychology is superficial ; for instance, arguing that it is important that fear be eliminated at the first coitus, since fear inhibits the woman's sexual responses, Exner attributes the fear entirely to anticipation of pain from the penetration of the hymen. He reassures the apprehensive bride that ' the bleeding and discomfort, when they do occur, are not of sufficient consequence to warrant fear on the part of the woman '. There is no hint that this factor is mainly a displacement from much deeper anxieties, nor that the anticipated pain would in many cases not be eliminated by the doctor's assurance that there is nothing to worry about.

Such psychology leads to bad treatment. After giving sensible advice about ejaculatio præcox and stressing the need for its early rectification he offers a technique successful in milder cases. If after a few months there is still failure, ' the man should consult a reputable genito-urinary specialist ' for local surgical treatment. Comment is hardly needed for the quotation that follows : ' Some specialists claim to get good results by this means. It is important to warn men against falling into the hands of the advertising quack '—or the non-advertising quack may one add.

Though the difficulties are glossed over and too easy-going a view is taken, Dr. Exner's little book does provide a useful guide with plain instructions—a need when there is so much ignorance of the sexual life of men and women by the unmarried and the married.

M. D. Eder.

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Modern Woman and Sex. By Rachelle S. Yarros, M.D. (The Vanguard Press, New York, 1933. Pp. 218. Price $2.00.)

This book written from the clinical and consultation experience of the author, who is a feminist, falls into the class of books with a message. It is written with the aim of reconciling the trends of austere puritanism with the free indulgence in sexuality which Dr. Yarros believes has found too many advocates, both among writers on sex and among the college youth in America. She is keenly alive to the changing attitude towards sexuality in the direction of greater latitude in all classes of society, but she is convinced that monogamy and the family which evolves from it remains the soundest basis for social happiness.

Dr. Yarros finds that there is nothing immoral in trial marriages, but believes that the possibility for legal recognition of this type of union is so far distant that the efforts of those who favour greater frankness and freedom should be directed toward the establishment of rational divorce laws and legalized birth control. Promiscuity and illicit relations result in no permanent satisfaction, and therefore she advocates monogamous

relationship with domestic and economic individual freedom. Many of the ideas expressed are distinctly radical for the prevalent social feeling in the United States. But this intellectual boldness is indeed tempered by an emotional conservatism which the reader feels increasingly throughout the book. The book, which is intended for the lay reader, presents very clearly the conflict between socialistic tendencies in family relationship, and older patriarchal ideas, and as such serves as a helpful and stimulating basis for thought and choice.

C. P. O.

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A Handbook of Child Psychology. By twenty-two authors, edited by Carl Murchison. (Clark University Press, Humphrey Milford, London, 1931. Pp. 711. Price 22*s*. 6*d*.)

This is a volume in the International University Series in Psychology. It is an extremely useful cross-section of child psychology as it stands in Europe and America at the present day. The twenty-two psychologists writing in it, all of them specialists in their own field, represent a wide variety of points of view, with some preponderance of experimental studies having a behaviouristic background. 'The Methods of Child Psychology' are surveyed by John E. Anderson in a very clear and adequate description—that is to say, clear and adequate except with regard to the method of psycho-analysis, about which it has very little to say. Certain other of the articles are of particular interest to the psycho-analyst.

Helen T. Woolley surveys the problems of 'Eating, Sleeping and Elimination' mainly from the point of view of practical training. Her attitude has the quality of understanding which comes from familiarity with Freud's discoveries about infantile sexuality, but she does not consider the unconscious factors in the processes of eating and elimination, and makes no reference to child analysis as such. Charlotte Bühler has a very useful article on 'The Social Behaviour of the Child', in which a great many careful observations are well summarized and considered. There is a brief reference to Freud's views alongside Adler's, but her study of the child's relation to his family, and of such special problems as 'the only child' or 'the delinquent child' does not go below the surface. Piaget's study of 'Children's Philosophies' has many extremely interesting examples of their thought and phantasy. Vernon Jones surveys the development of 'Children's Morals', chiefly by statistical methods. He offers an analysis of 'native tendencies to action' which mostly follows McDougall and Thorndike, and considers the various factors in the influence of the environment and 'some principles of learning as applied to moral behaviour'. When discussing clinical observation and questionnaire

methods, he makes one brief and non-committal reference to Melanie Klein's paper on ' Criminal Tendencies in Normal Children ' (*Brit. J. of Med. Psych.*, **7**, pp. 177–192).

Margaret Mead's paper on ' The Primitive Child ' is of the greatest possible interest. It is full of sense and competence, and shews a proper perspective of human problems in relation to scientific method in social psychology. She has many wise words with regard to the work of the social psychologist among primitive communities in the field. For example : ' Investigations will therefore be fruitful in direct proportion as they seek to study those aspects of human nature which are most subject to human influences. An investigation of attitudes towards parents will yield more than an investigation of the primitive infant's ability to follow a light or willingness to play with a red hoop : a study of the child's grasp of the linguistic categories of its language will be more rewarding than a survey of the number of words in the vocabulary of a group of two-year-olds ' (p. 670). She emphasizes the great advantage for the social psychologist which primitive societies present by virtue of their homogeneity of outlook, a homogeneity of ancestry, upbringing and culture ' which no amount of intelligence testing could select from among the children of even a rural district in America. . . . Moreover, primitive society is characterized by a far greater formality of behaviour. For example, where we leave the questions of familiarity or respect, jesting or avoidance, to individual taste, primitive society stylizes them. If one Tshi child on the West Coast of Africa is taught that it must not touch its great-grandmother's ear, every Tshi child will be found to have been taught that same prohibition. Not an individual well-trained Omaha Indian child, but all Omaha Indian children, were taught that it was permissible to help oneself to a drink in the home of a relative but not permissible to ask for water if none were in sight. Every item of behaviour is patterned, and the investigator has only to learn the pattern to have a better understanding of the background of his subjects than could be arrived at with triple the expenditure of effort in a complex society. The experimental social psychologist, like the comparative psychologist, desires homogeneous material and simple conditions, with variable factors reduced to a minimum. Primitive society offers just these conditions to the investigator ' (p. 671).

Mead's discussion of ' problems for research ' and ways of planning research is on the whole most admirable and suggestive.

The weakest point of her paper is her approval of Malinowski's conclusion, apropos of his study of Trobriand Society, that '. . . situations of conflict such as that between European father and son, which psychoanalysts have called the Œdipus complex, are not inherent in human nature nor yet in the biological family as such, but are the results of more arbitrary and man-made conditions such as the laws of inheritance,

methods of reckoning descent, and rules of residence, which distinguish Trobriand social organisation from our own'. Mead comments: 'Here again a word of warning to the student who would use this latter type of material is in order. Malinowski compares our institutions and their psychological by-products in conflict and attitudes to Trobriand institutions. By providing a test case, he demonstrates clearly that our conditions must be regarded as socially determined. One such test case is sufficient to disprove any contention that the conflict between father and son is inevitable in terms of human nature, but must not be taken as characteristically primitive, or even characteristically Melanesian. In matters of social organization primitive society is far more diversified than is Western European society, and social psychologists, in formulating problems which may be submitted to the test of primitive society, should not do so on the assumption that the Trobriand child is *the* primitive child, or that matrilineal institutions are or have been characteristic of all primitive societies' (p. 673). This word of warning is obviously sound and justified, but one can carry it much further than Margaret Mead sees, and point out that the student should not assume that this variety of institutions, of external form and of conscious beliefs and customs can be taken to imply any fundamental differences in the central psychological problem of family relationships which Trobriand social usage, no less than our own, is an attempt to solve. No reference is made to Ernest Jones' destructive criticism of Malinowski's conclusions. The paper closes with a very valuable piece of advice about the kind of problems which the field psychologist should *not* attempt.

The subject of 'The Psycho-analysis of the Child' is dealt with by Anna Freud. Her article begins well, with a clear and succinct summary of the way in which psycho-analysis came to give body and content to the first five years of childhood, those years which were previously almost an unexplored territory; and the way in which the picture of the loving, harmless and conflict-free attachment of the child to its family had had to give way to understanding of the profound emotional tension and violent psychological upheavals characteristic of those years. After her first few paragraphs, however, Anna Freud wastes her space very sadly by a mere challenge to the unbelief of her readers, space that might much more usefully have been devoted to a more detailed exposition of the actual facts and views which psycho-analysis offers. The tone of the article throughout is too defensively truculent. Moreover, the author goes too far in her round assertions that psycho-analysis has rendered the need for other types of approach to the study of the child quite superfluous. It is surely not true that the study of the overt behaviour of the conscious life of the growing child is rendered valueless by the fact that we have *also* come to understand the deeper psychic forces. We who know so well the depth

and breadth of psycho-analytic understanding do not need to claim that there is no wisdom elsewhere. Certain types of approach to the child, of course, are rendered meaningless by psycho-analytic knowledge. Crude behaviouristic notions of conditioning appear incredibly naïve and foolish to anyone who has had a glimpse of the complexity of the psychic life of the child, faced with any one situation such as the behaviourists love to manipulate without understanding. But direct objective studies of children's play and learning and language, of their social life, their drawings and their intelligence, are surely essential to the complete understanding of the child's personality as a whole.

In the account of the child's development which Anna Freud presents there are gaps and faults of emphasis. The break between the early phase of conflict and the latency period is made much too sharp. The super-ego is represented as developing only in the latency period, and the conflict of the earliest years is said to take place simply in the outside world between the small child and its educators. ' All those struggles which, during the first period of childhood, took place in the outside world between the small child and its educators acquire from the latency period onward an increasingly inward nature. . . . The super-ego derives directly from the precepts of the parents ; it is the result of the old striving of the child to be the equal of the parents, to identify itself with them. When, in the course of development, the child detaches itself erotically from the parents, it establishes anew within itself, as part of its own personality, that bit of father or mother from which it has withdrawn itself in the outside world. When the erotic detachment from the parents is fully achieved during puberty, the identification with them is also complete ' (p. 566). We could wish that more justice had been done to the complexity of the interchange between the child and his parents under the domination of the more primitive mechanisms, alike in the earliest period of childhood and the latency period.

Susan Isaacs.

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The Adolescent Boy. By Winifred V. Richmond, Ph.D. (Farrar and Rinehart, New York, 1933. Pp. 233. Price $2.50.)

This book on *The Adolescent Boy* written for parents and teachers is in a vein and style which should appeal to its readers. In a condensed, though comprehensive way, the author covers the anthropological and historical background of our modern youth, the physiology and psychology of puberty, normal and abnormal manifestations of adolescence, delinquency, problems of the normal youth, and ends with a chapter on ' The Young Man and a Changing World '.

The handling of the sexual problem will help to orient the lay reader,

through the presentation of sexuality as an evolving drive commencing with earliest days and playing an important rôle in character. It is clearly indicated that the adolescent and his problem are the outcome of infantile and childhood experiences. The extensive field covered by the book prevents a closer consideration of the relationship between these earlier influences and the later problems.

A liberal bibliographic selection follows each chapter, including some psycho-analytic references. There is no index. The psycho-analyst will find it suitable for recommendation to the public, but little in it that is new to him.

I. T. Broadwin.

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Jocasta's Crime. By Lord Raglan. (Methuen, London, 1933. Pp. 215. Price 6*s.*)

This book is a curious mixture of the shrewd and the uncritical, the sensible and the naïve. Opinions will perhaps differ as to the proportions in which these characteristics are present; but to the psycho-analytical reader, if not to the anthropological, it will certainly seem that the latter qualities rather heavily preponderate over the former.

It has been the author's purpose to bring order out of the chaos which, he was pained to discover, abounds in anthropological literature in regard to the incest taboo—a chaos due to the fact that not only are numerous widely differing theories of the origin of this taboo extant, theories which seem to the author inadequate and fallacious in themselves, but in no case do their proponents make any attempt to define the term ' incest ' or even to set out the facts which they profess to explain. Thus it first of all becomes the author's task—evidently a congenial one—to explode the several fallacies on which the various theories of the origin of the incest taboo have been, and are even still, based—fallacies in some instances so egregious, at least as represented or misrepresented by the author, that were one not already aware of the remarkable deficiency in psychological insight, for example, which anthropologists have evidenced on occasion, one might be tempted to suppose him guilty of setting up men of straw for the pleasure of knocking them down. However, untenable as are such notions as that early man was a ' legislator ' and ' social reformer ', that incest is ' unnatural ' and the taboo upon it ' instinctive ' or, on the other hand, rooted in reason, it soon appears that ' Freud's theories ' are equally so—theories which, like the hypotheses earlier considered, ' have not the slightest atom of evidence to support them '. Unfortunately, however, there is not the slightest atom of evidence, either, that the author possesses any inkling of what Freud is talking about. ' The whole theory ', he says, ' depends on the hypothesis that as soon as the sons had killed their father,

a capacity for feeling remorse was conferred upon them, " a sense of guilt was formed " '. Upon this, his illuminating comment is : ' The civilized man often feels remorse because he owes a variety of allegiances, all of which make different and often conflicting demands upon him. It is in the mental strain set up by these conflicting demands that feelings of guilt and remorse have their origin. The savage has no such feelings, since for him there is normally no conflict ; he never intentionally breaks the tribal taboos . . . ; and since he has been brought up in their observance, *they cause him no anxiety* [italics ours]. . . . The idea of penance is even further removed from savage mentality, since it is wholly dependent on a belief in purgatory . . . so that when Freud credits him [early man] with ideas of remorse and penance, he is guilty of what has been well termed a psychological anachronism '. All of which would seem to suggest, among other things equally obvious, that the author has studied even anthropology to very little purpose. (We can be quite certain, at all events, that no Freudian prepossessions have caused the author to bracket together the following two statements : ' the Déné Indians believe that contact with menstrual blood will turn a man into a woman, while some South African tribes believe that the touch of a menstruous woman will cause a man's bones to become soft ' !) Besides, ' the central feature of the whole system, the Œdipus complex ', is purely a product of civilization, impossible among savages—indeed, ' even Freud's followers have been unable to find it among savages '—for the simple reason that among savages women age rapidly, so that by the time a boy reaches puberty his mother is normally a withered hag, ' with the result that he no more thinks of falling in love with his mother than a young married European does of falling in love with his grandmother '. Mild indeed, in comparison with this, is the misconception underlying that time-worn argument, of which we are really growing a little tired, that ' a nerve-specialist is no more entitled to assume that the neuroses which he finds among his patients were found among early mankind than is the chiropodist to assume that early man was a martyr to corns '.

Returning in the final chapter to the real *dramatis personæ*, Œdipus and Jocasta, we learn that Œdipus does not differ from a large number of other figures (such as Theseus and Perseus, who are presumably self-explanatory) save in two features : ' he marries his mother and he loses his eyes '. ' The latter feature is, I suggest, a vestige of a rite which has been already noticed many times, the rite in which the eyeballs of the divine victim were hung from the sacred tree to represent the sun and moon ; his marriage to his mother requires further investigation '—as I dare say the reader will agree. But to this, and to the author's own theory of the origin of the incest taboo, we cannot give further space ; one's reaction thereto, after the sound and fury that have gone before, is perhaps

best expressible, as might by now be guessed, by a certain familiar tag : *Montes pariunt ; nascetur ridiculus mus.*

Henry Alden Bunker.

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To Be or Not To Be—A Study of Suicide. By Louis I. Dublin and Bessie Bunzel. (Harrison Smith and Robert Haas, New York, 1933. Pp. 443.)

This book of 443 pages consists of seven parts, an appendix, an excellent bibliography, and an index. In the preface, the authors make grateful acknowledgement to such well-known investigators as Bernard Glueck, Mortimer W. Raynor, C. P. Oberndorf, and others, thus admitting their appreciation of the importance of the problem.

A chance perusal of the bibliography and index before reading the volume, impressed the present reviewer with the magnitude of this work, a feeling, which was not, however, substantiated by the reading of the book. To be sure, the authors touch upon all the normal and abnormal aspects that bear any relation to suicide, but one soon senses the sketchy nature of their efforts. The authors seem to reason that inasmuch as suicide is a mental problem, the reader should know all about normal and pathological psychic processes, and with a superficial circumstantiality, they forthwith proceed to give this information. A page or two, or a few paragraphs, are deemed sufficient to explain important psychiatric problems or complex psycho-analytical theories. This is the weak part of a very earnest effort, more or less successfully accomplished, considering the complexity of the subject and the psychiatric inexpertness of the authors.

Nevertheless, this book is well worth reading. It is the first work on suicide to give a rather comprehensive résumé of the literature on the subject. Great pains are taken to present the various theories of suicide, as expressed in religion, philosophy, and psychiatry ; the statistical data about suicide in the United States and Europe is interestingly and scientifically tabulated, and last, but not least, the authors lay particular stress on the contribution of psycho-analysis to the problem of suicide. Frequent mention is made of the views of Freud, Abraham, Jones and others. In brief, this reviewer feels that we have an excellent contribution to a complex psychopathological phenomenon, well worth reading.

A. A. B.

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Character in Human Relations. By Hugh Hartshorne. (Charles Scribner's Sons, New York and London, 1932. Pp. 366. Price 10*s.* 6*d.*)

This book is not a contribution to psychology, but an attempt to use psychological theories of character as a platform for practical teaching

with a definite ethico-religious aim. Trait Theories, Habit Theories, Pattern Theories, Factor Theories, Self Theories, are surveyed, but the view which seems most satisfactory to the author is designated as ' Character as Effective Functioning ', and it is on this view that he builds up his practical advice for social reform and education.

Susan Isaacs.

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The Keys of Power. By J. Abbott. (Methuen & Co. Ltd., London, 1932. Pp. 572. Price 21s.)

This will be an extremely valuable book to anyone concerned with the psychology of the peoples of India. It offers an orderly survey of a great mass of detailed customs and beliefs, hitherto unrecorded and now collected at first-hand. There is a minimum of theorizing, the chief object being to record as many customs as possible ' before it is too late ', and to attempt to shew how far the concept of a supernatural cosmic power dominates popular practice. The author claims to voice no explanation, no matter how controversial it may seem, which does not faithfully represent local belief.

Such a wide and dispassionate record is urgently called for, since only too many of those local customs and beliefs which are unprotected by priestly prestige are disappearing swiftly before the disruptive force of modernism. The ritual of agriculture especially is changing fast, the author himself having witnessed customs in the Deccan which are now preserved only by the elder generation, and derided and discarded by the younger members of the community. Such a loss of the older pre-animistic culture necessarily throws animistic rites into undue prominence as a basis for theoretical studies.

Susan Isaacs.

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Persons One and Three. By Shepherd Ivory Franz. (McGraw, Hill & Co., New York, 1933. Pp. 188. Price $2.00.)

This is a narrative report of an excellent example of secondary personality (Person Three) in a British ex-soldier of the World War. The change is attributed to a severe physical trauma sustained prior to 1915 from which date onward a fairly constant retrograde amnesia existed until he was found in a confused state in California in December, 1929. Certain intermediary states between Persons One and Three are recorded, and during the entire period of Personality Three the patient had a vague consciousness of the existence of his lost identity. This feeling may account for his constant wanderings and possibly fugues as Person Three. The only psycho-analytic point of interest in the account is the fact that when the

patient was found he was definitely adopted by a woman and her daughter as their long-lost son and brother who had disappeared about 1915—evidently an identification based upon wish fulfilment.

The late Professor Franz, who occupied the Chair of Psychology at the University of California at Los Angeles, was more concerned with proving the authenticity of secondary personality, so well known in psychiatric literature, than he was with the investigation of what psychogenic factors in addition to the physical trauma may have been operative in the production of such a state. Although he is obviously dealing here with alternating and intermediary states of consciousness, he considers it more valuable ' to recount the facts than to attempt to conceal them with gauzy guesses about neurograms or synaptic retractions or to clothe them with the fashionable garments of unconscious mechanisms and levels of consciousness '. This position permits the author to evade the application of well-known theories on depersonalization to the condition which he is studying and relieves him of critical thinking about the problem. At the same time it removes his study from the field of psychiatric investigation to a circumstantial account of an exceptionally interesting mental state.

C. P. O.

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Peace of Mind and Body. By William S. Walsh, M.D. (E. P. Dutton & Co., Inc., New York, 1933. Pp. 243.)

The author's desire to be of use to the mentally ill is obviously genuine. It is clear that the régimes and the admonitions offered in the present volume are in themselves of no great value, and that their value depends in large measure upon the relationship of the patient to the individual who utters them—in other words, upon the nature of the transference. The author appears to have no awareness of this, and is under the impression that what he says to his patients is of prime importance. This volume does not vary much from its type—the book which attempts to rationalize transference, while remaining more or less blind to the phenomenon itself.

W. V. Silverberg.

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Making Life Better. By Elwood Worcester. (Charles Scribner & Sons, New York and London, 1933. Pp. 244. Price *7s. 6d.*)

Dr. Elwood Worcester is associated with the Boston healing movement, and in this book he attempts to apply religion and psychology to human problems. As this attempt is simply a superficial adaptation of technical terms to suit his own purpose it hardly gives us grounds for serious criticism. As an example, the chapter entitled ' The Great Sublimations ' attempts to break down the prohibitions and negative commandments of

traditional Christianity by defining sublimation as the conscious setting up of a goal which is not concerned with repression.

He describes his analytic technique in a very naïve way, and as a finishing touch adds what he calls ' Reconciliation '. In a later chapter this term appears to be based on advice taken from the New Testament.

Robert M. Riggall.

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Hypnotism Explained. By Alan Macey. With an Introduction by Hildred Carlill, M.D., M.A., Cantab. (The Fenland Press, London, 1933. Pp. 131. 2*s.* net.)

In this little book the author has given an account of the history of hypnotism and its applications in medicine and education. The book is based mainly upon the literature of the last century ; whilst no exaggerated claims are made for the value of hypnosis in medicine and surgery since psychotherapy has become a recognized branch of medical practice, Mr. Macey might perhaps have considered why it is that hypnotism has not gained in favour.

In his explanation of hypnotism he considers that ' auto-suggestion, in most cases, whether accidental or real, is at the bottom of the effect produced '. The more recent theory based upon psycho-analytic findings is that all auto-suggestion is, at bottom, hetero-suggestion. The author considers that hypnotism is a complete mystery. Research has cleared up a good many of the problems of hypnotisms, but a popular guide is, admittedly, not the place for the consideration of these scientific questions.

M. D. Eder.

CLINICAL PRIZE ESSAY

Clinical Prizeman for 1933 : Dr. Melitta Schmideberg

The Administrators of the Clinical Essay Fund would remind the readers of the JOURNAL of certain regulations of interest to candidates for the Prize.

REQUIREMENTS IN THE ESSAY

The essay shall consist of a clinical record of a case investigated by psycho-analytical methods. It shall clearly illustrate events and changes in the mental life of the patient and their relation to external environment. In awarding the prize the judges will pay attention to acuity of observation and the clearness with which the facts are stated. If the writer wishes to draw theoretical conclusions, he must bear in mind the necessity of making the evidence for such conclusions carry conviction. It is recommended the length of the essay should not exceed 20,000 words.

DATE OF SENDING IN ESSAYS, ETC.

Essays must be submitted in the English language on or before March 31 in any year. They must be in typescript on quarto paper with ample left-hand margin. They must be in triplicate and be sent to the Hon. Secretary of the Institute.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

ANNA FREUD, GENERAL SECRETARY

I. Announcements by the Central Executive

(1) Thirteenth International Psycho-Analytical Congress

According to the decision of the Twelfth International Psycho-Analytical Congress at Wiesbaden, the next Congress is to take place in Switzerland. The Central Executive has left the choice of place to the Council of the Swiss Society ; the exact date will be determined in agreement with the different Societies. Probably the place and date will be Lucerne, September 2, 1934. The Central Executive requests members to communicate the titles and a short résumé of their papers not later than by Easter 1934 to the undersigned. Further information about the Congress will be circulated to the Presidents of the various Societies.

(2) Foundation of a new Dutch Society

In November, 1933, a number of members left the Nederlandsche Vereeniging voor Psycho-Analyse and founded a new Society under the title of Vereeniging van Psychoanalytici in Nederland ; it has its seat in the Hague. The members are :

Dr. A. M. Blok (*Secretary*).
Dr. J. E. C. van Emden.
M. Katan.
Dr. K. Landauer.
Dr. J. H. W. van Ophuijsen (*President*).
P. H. Versteeg.
Frau C. M. Versteeg-Solleveld (*Treasurer*).
Dr. A. Watermann.

The Central Executive has provisionally accepted the new Society into the International Psycho-Analytical Association and will suggest the definite adoption of it at the next Congress.

(3) Foundation of Palestine Psycho-Analytical Society

Dr. M. Eitingon, who now resides in Jerusalem, has founded there a new Psycho-Analytical Society under the title Chewra Psychoanalytith b'Erez Israel ; it consists of four former members of the German Psycho-Analytical Society. The members are :

Dr. Wulff (Tel Aviv).
Frl. Dr. Smeliansky (Tel Aviv).
Dr. Schalit (Haifa).
Dr. M. Eitingon (Jerusalem).

Three other candidates who were trained in Berlin are working in the country. The Central Executive has provisionally accepted the new Society into the International Psycho-Analytical Association and will suggest the definite adoption of it at the next Congress.

II. Reports of the International Training Commission

BERLIN PSYCHO-ANALYTICAL INSTITUTE

Second Quarter, 1933

(a) Lecture Courses

1. Ernst Simmel: Theory of the Specific Neuroses. Part I. (Five lectures. Attendance 16.)
2. Eckart von Sydow (guest of the Institute): Introduction to the Psychology and Civilization of Primitive Peoples. Part I. (illustrated by lantern slides). (Seven hours. Attendance 12.)
3. Jeanne Lampl-de Groot: The Psychology of Women. (Five hours. Attendance 12.)

(b) Seminars. Practical Exercises. Discussions. Study Circles

4. Jeanne Lampl-de Groot: Seminar on the works of Freud: Case-histories. Part II. (Seven seminars of two hours each. Attendance 7.)
5. Carl Müller-Braunschweig: Seminar on the works of Freud: Writings on technique. (Five seminars of two hours each. Attendance 6.)
6. Otto Fenichel: Seminar: Practical exercises in the technique of interpretation and symbolism. (Seven seminars. Attendance 18.)
7. Ernst Simmel: Seminar on technique. (For training candidates only.) Alternate weeks. (Attendance 9.)
8. Otto Fenichel: Discussion of recent publications on psycho-analysis and allied subjects. Alternate weeks. (Attendance 29.)
9. Eckart v. Sydow and Felix Boehm: Ethnological study-circle. Alternate weeks. (Attendance 10.)
10. Müller-Braunschweig: Discussion of cases of child-analysis. (For analysts practising child-analysis and training candidates only.) Alternate weeks. (Attendance 8.)

(c) Seminar for Educationists

11. Steff Bornstein: Group I. (For beginners.) Weekly. (Attendance 22.)
12. Lampl-de Groot. Group II. (For advanced students.) Alternate weeks. (Attendance 10.)

Fourth Quarter, 1933

(*a*) *Lecture Courses*

1. Carl Müller-Braunschweig : Introduction to Psycho-Analysis. Part I. (Six lectures. Attendance 15.)
2. Edith Vowinckel : Theory of the Specific Neuroses. Part II. (Perversions, Character-Disturbances, Narcissistic Neuroses, Psychoses, Morbid Cravings.) (Six lectures. Attendance 8.)
3. Eckart von Sydow (guest of the Institute) : General Introduction to Ethnology. Part II. : Art and Social Structure of Primitive Peoples (illustrated by lantern slides). (Six lectures. Attendance 11.)

(*b*) *Seminars. Practical Exercises. Study Circles*

4. Felix Boehm : Seminar on parapraxes and dreams. (Open to all.) (Six seminars of two hours each. Attendance 17.)
5. Carl Müller-Braunschweig : Seminar on the works of Freud : Writings on theory. Part I. (For training candidates and ticket holders only.) (Three seminars of two hours each. Attendance 14.)
6. Felix Boehm : Seminar on technique. (For training candidates only.) (Three seminars of two hours each. Attendance 7.)
7. Practical therapeutic exercises. (Control-analyses.) (For training candidates only.)
8. Eckart von Sydow and Felix Boehm : Ethnological study-circle. (Four sessions of two hours each. For a limited number of advance students. Attendance 21.)
9. Carl Müller-Braunschweig : Seminar on educational problems. (Three seminars of two hours each. Attendance 19.)

At Stuttgart the following public lectures on psycho-analysis were delivered in the first quarter of 1933 :

January 9, 1933. Professor Dr. E. Schneider : ' The Psychology of Marriage '. Part I.

January 16, 1933. Professor Dr. E. Schneider : ' The Psychology of Marriage.' Part II.

January 30, 1933. Dr. G. H. Graber : ' Problems of Education and Training '.

February 13, 1933. Dr. F. Schottländer : ' Mental Disturbances in Everyday Life '.

February 27, 1933. Dr. E. Hirsch : ' The Psychology of Conscience '.

March 13, 1933. Dr. G. H. Graber : ' Aberrations of Character .'

March 27, 1933. Dr. F. Schottländer : ' The Individual and the Community '.

INSTITUTE FOR PSYCHOANALYSIS, CHICAGO

Second Quarter, 1933

Lectures and Courses

I. For Candidates and Practising Analysts.

Dr. Alexander: Technical Seminar. (Attendance 15.)
Dr. Alexander: Seminar on Psycho-Analytic Literature. (Attendance 20.)
Dr. Horney: Technique of Psycho-Analysis. (Attendance 17.)
Dr. Blitzsten: Seminar on Dream Interpretation. (Attendance 9.)

II. For Physicians.

Dr. Alexander: Evenings for Medical Discussion. (Attendance 20.)
Dr. Menninger: Lectures on Psycho-Analysis and Psychiatry. (Attendance 15.)
Dr. Horney: Lectures on Female Psychology. (Attendance 10.)

III. Criminological Discussions.

Dr. Alexander. (Attendance 33.)

IV. Sociological Discussions.

Dr. Alexander. (Attendance 20.)

V. Popular Lectures.

Dr. Alexander: Psychic Factors in Crime.
Dr. Horney: The Mother's Conflicts as Expressed Toward the Child.
Dr. Bartemeier: Psycho-Analysis and Education. (Average Attendance 35.)
Dr. Blitzsten: Psychological Aspects of the Economic Depression.
Dr. Alexander: Falstaff: Or is Man a Social Being?
Dr. Menninger: The Psychology of Suicide.
Dr. French: Psychological Factors in the Enjoyment of Art and Literature.
Dr. Horney: Abuses of Psycho-Analysis in Everyday Life.

During this Quarter 53 cases were analysed at the Institute: 6 didactic, 15 research, and 32 therapeutic and control analyses.

Third Quarter, 1933

During the summer Quarter of 1933 there was no teaching done at the Institute, and only a part of the research and therapeutic cases were carried on.

Fourth Quarter, 1933

Lectures and Courses

I. For Candidates and Practising Analysts.

Dr. Horney: Technical Seminar. (Attendance 13.)
Dr. Horney: Technique of Psycho-Analysis. (Attendance 16.)
Dr. Alexander: Seminar on Psycho-Analytic Literature. (Attendance 20.)

Dr. Alexander: Theory and Technique of Dream Interpretation. (Attendance 17.)

Dr. Blitzsten: Seminar on Dream Interpretation. (Attendance 17.)

Dr. French: Instinct Transformations and Reality. (Attendance 9.)

II. For Physicians.

Dr. Alexander and Dr. Horney: Evenings for medical discussion. (Attendance 13.)

During this Quarter 51 cases were analysed at the Institute: 7 didactic, 19 research, and 25 therapeutic and control analyses.

TRAINING INSTITUTE OF THE HUNGARIAN SOCIETY

Second Quarter, 1933

(*a*) *Lecture courses*

1. Dr. Klara G. Lázár: What does Psycho-Analysis offer to those who have to deal with children? (Four lectures. Attendance 30.)
2. Dr. Fanny K. Hann: The Psycho-Analysis of the Development of the Female Mind. (Two lectures. Attendance 25.)
3. Dr. M. Bálint: Forms of Hysterical Reaction. (For physicians and teachers.) (Three lectures. Attendance 20.)

(*b*) *Seminars* (*for Training Candidates*)

4. Frau Vilma Kovács: Seminar on technique. (Three seminars. Attendance 10.)
5. Dr. I. Hermann: Seminar on theory. (Four seminars. Attendance 15.)
6. Dr. Zs. Pfeifer: The psycho-analytical theory of instinct. (Five seminars. Attendance 15.)

Fourth Quarter, 1933

(*a*) *Lecture courses*

1. Frau K. F. Lévy: Psycho-Analysis for Teachers. (Six lectures. Attendance 55.)
2. Dr. Gz. Szüts: Depression. (One lecture. Attendance 15.)
3. Dr. I. Hollós: Selections from Psychiatry. (Six lectures. Attendance 20.)

(*b*) *Seminars* (*for Training Candidates*)

4. Frau V. Kovács: Seminar on technique. (Five seminars. Attendance 14.)
5. Dr. M. Bálint: Psycho-Analytical literature on the subject of the perversions. (Five seminars. Attendance 8.)
6. Dr. E. Almásy: Clinical psychiatry. (For non-medical training candidates.) (Three seminars. Attendance 15.)

Dr. Imre Hermann.

INSTITUTE OF PSYCHO-ANALYSIS, LONDON

Annual Report, 1931–1933

The work of the Institute has made notable progress during the last year. Evidence of this progress is to be found both in the increase of work done at the Clinic, and in the number of requests received by members from other scientific bodies for instruction or for papers on Psycho-Analysis.

The development of the Children's department has been one of the most important advances made. The accommodation required for this department, and the increase in the number of analysts qualified and in training, make it imperative that the number of rooms available at the Clinic shall be increased.

After careful consideration of the financial position, the Board has decided not to grant a new lease at the end of 1933 to the tenant of the maisonette. The final decision whether the whole or part of the maisonette shall be taken over for the work of the Clinic cannot be made until the Rating authorities have stated what the liability of the Institute will be for rates and taxes.

Dr. Brierley has again superintended the work of the caretaker and the general upkeep of the Clinic rooms.

Dr. Pryns Hopkins continues to take an interest in the Clinic and gave a donation at Christmas, 1932. He expresses the wish to continue his support if circumstances permit.

The influence of the Institute in a wider field is evinced by the part played by members in the recent discussions on the teaching of Psycho-pathology in the Universities, and in the lectures given by members in the Universities of Cambridge and London.

The resolution passed at the last Annual Meeting to hold courses of public lectures was carried out by a sub-committee appointed by the Board, consisting of Dr. Rickman (chairman), Miss Low, Dr. A. Stephen, Dr. K. Stephen, Dr. Yates. It has been reappointed for the coming year, 1933–1934.

A course of six lectures was held in the Spring of 1933 at the Caxton Hall on *Unconscious Wishes in Daily Life*.

1. Introductory Lecture. Dr. Glover.
2. Children's Phantasies and Early Difficulties. Dr. Susan Isaacs.
3. Children's Phantasies and Primitive Culture. Dr. Susan Isaacs.
4. Children's Phantasies and Adult Character. Dr. A. Stephen.
5. Children's Phantasies and Adult Civilization. Dr. A. Stephen.
6. Resistance against Wealth and Leisure. Miss Low.

There was an average attendance of sixty-five persons.

As a result of the lectures, requests were received for a study circle.

This was conducted by Miss Low at the Institute. Professor Freud's *Introductory Lectures on Psycho-Analysis* were taken as a basis for study. There was an average attendance of 20 persons.

PUBLICATION AND SALE OF BOOKS

Two books have been published by the Hogarth Press and the Institute during the year :

Psycho-Analysis of Children. By Melanie Klein.

Psycho-Analysis of the Neuroses. By Helene Deutsch.

The sale of Professor Freud's works has increased during the past year. Abraham's *Selected Papers* and Jones' *On the Nightmare* continue to sell well. The sale of Reik's *Ritual* has diminished considerably, and there is little demand for Laforgue's *Defeat of Baudelaire.*

Public Activities. Autumn, 1933

A lecture course for Medical Students and Practitioners was held at the Institute on Thursdays, at 5.30 p.m.

The lectures were given by Dr. Karin Stephen and the course was entitled : *Clinical Studies of Neurotic Patients.*

1. *October* 26. Sample consultations with Neurotics.
2. *November* 2. Neurotic illness as a compromise between normal health and complete breakdown.
3. *November* 9. The Neurotic's dread of sexuality.
4. *November* 16. The Neurotic takes refuge in childhood.
5. *November* 23. Further aspects of this regression.
6. *November* 30. Peculiarities of the Neurotic's sense of guilt.
7. *December* 7. Pitfalls in the treatment of the Neurotic.

The lectures were followed by a discussion, led by the lecturer and Chairman (Dr. Rickman). The attendance averaged 20 persons, the number varying between 17 and 24.

A Study Group for members of the public especially interested in Psycho-Analysis was held during the Autumn Session at the Institute by Miss Barbara Low. The audience, which consisted mainly of educationalists, averaged 20 persons.

Subject : *Stages in the Development of the Individual.*

1. Introductory. The use of Psycho-Analysis for the investigation of the human mind.
2. The infantile situation. Dominant impulses and conflicts. The building up of phantasy life.
3. ' Parents and child ' conflict. The development of the sexual phases. Relation to brothers and sisters.
4. Further development of phantasy life.
5. The Reality Sense. Stages in its development.

6. The Latency Period. Its relations to the earlier phases and to the beginnings of Adolescence.
7. Adolescence.
8. Maturity.

S. M. Payne,
Business Secretary.

THE NEW YORK PSYCHO-ANALYTIC INSTITUTE

Annual Report, 1932–1933

(*a*) *Training Courses* (*for members and students only*)

1. ' Development and Scope of the Theory of Instincts.' Dr. Sandor Rado. (8 hours. Attendance 53.)
2. ' Female Sexuality.' Dr. Sandor Rado. (8 hours. Attendance 49.)
3. ' Narcissism and its Morbid Manifestations.' Dr. Sandor Rado. (8 hours. Attendance 41.)
4. ' Technical Seminar. Dr. Sandor Rado. (*24 sessions. Attendance 32.)
5. ' Problems of Interpretation and Symbolism.' Dr. Bertram D. Lewin. (*6 sessions. Attendance 12.)
6. ' The Neuroses and the Psychoses.' Dr. Gregory Zilboorg. (*21 sessions. Attendance 29.)
7. ' The Application of Psycho-Analysis to Problems in Mythology, Religion, and Ethnology. Dr. Abraham Kardiner. (*9 sessions. Attendance 12.)

(*) Sessions thus marked, two hours each.

(*b*) *Extension Courses*

1. ' The Application of Psycho-Analysis to Social Work.' (Advanced Social Workers' Seminar.) Drs. Stern and Zilboorg. (*12 sessions. Attendance 17.)
2. ' Introductory Course in Psycho-Analysis.' (Lectures for Social Workers.) Drs. Brill, Glueck, Meyer, Oberndorf, Shoenfeld, and Williams. (10 hours. Attendance 15.)
3. ' Psycho-Analysis in Medicine.' (Introductory Course for Physicians.) Drs. Brill, Feigenbaum, Kardiner, Meyer, Lehrman, Lorand, Oberndorf, and Zilboorg. (10 hours. Attendance 26.)
4. ' Psycho-Analysis and Pedagogics.' (Teachers' Credit Course.) Drs. Brill, Broadwin, Meyer, Oberndorf, Shoenfeld, and Williams. (30 hours. Attendance 34.)
5. ' Popular Lectures on Psycho-Analytic Topics.' (General Public. Drs. Brill, Meyer, Kenworthy, Lehrman, Zilboorg, Oberndorf, Williams, and Wittels. (8 hours. Average attendance 28.)

6. ' The Utilization of Psycho-Analytic Viewpoints in Social Case Work.' (Intermediate Social Workers' Seminar.) Dr. Stern. (*10 sessions. Attendance 18.)
7. ' Problems of the Classroom.' (Teachers' Seminar.) Drs. Broadwin, Levy, and Shoenfeld. (*6 sessions. Attendance 10.)
8. "Advanced Social Workers' Seminar." (Continuation of Course 1.) Dr. Gregory Zilboorg. (6 sessions. Attendance 10.)

(*) Sessions thus marked, two hours each.